1/2017

| ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL   |            |             |  |             |   |  |  |
|--|------------|-------------|--|-------------|---|--|--|
| APPLICATION FOR A PLACE ON THE LINE SUITE DOD GENERAL ELECTION BALLOT TO: City Secretary/Secretary of Board  |            |             |  |             |   |  |  |
| ! request that my name be placed on the above-named official ballot as a candidate for the office indicated below.   |            |             |  |             |   |  |  |
| OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)  INDICATE TERM  |            |             |  |             |   |  |  |
| City Corneil, Ale 3  | FULL       |             |  |             |   |  |  |
| FULL NAME (First Middle, Last)  PRINT NAME AS YOU WANT IT TO ADDEAD ON THE BALLOT  |            |             |  |             |   |  |  |
| Veroniea M. Cad.   | Ronni Cade |             |  |             |   |  |  |
| PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.)  153 S Poydras S.   |            |             |  |             | ss, if available.)  |  |  |
| CITY STATE 2   | 710        | CITY        |  |             | T ====  |  |  |
| PI   | 75057      | CITY        |  | STATE       | ZIP   |  |  |
| PUBLIC EMAIL ADDRESS (If available)  OCCUPATION (Do not leave blank)  DATE OF BIRTH  VOTER REGISTRATION NUMBER (Optional) <sup>2</sup>   |            |             |  |             |   |  |  |
| Cade 4 Council Egreni Self Employed  |            |             |  |             |   |  |  |
| TELEPHONE CONTACT INFORMATION (Optional)  LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN  IN STATE IN TERRITORY FROM WHICH THE  |            |             |  |             |   |  |  |
| none.  |            | INSIAIE     |  |             | IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED <sup>3</sup> |  |  |
| Work:  |            | 50 year (s) |  | 50 year (s) |   |  |  |
| cell: 214-507.085d   |            | month(s)    |  | month(s)    |   |  |  |
| If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.  |            |             |  |             |   |  |  |
| Before me, the undersigned authority, on this day personally appeared (name) Veronica M. Cade, who being by me here and now duly sworn, upon oath says:  |            |             |  |             |   |  |  |
| "I, (name) Veronica M. Cau of Luwisuilu, Deuts County, Texas, being a candidate for the office of Place No. 3 , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.  |            |             |  |             |   |  |  |
| I further swear that the foregoing statements included in my application are in all things true and correct."  SIGNATURE OF CANDIDATE  |            |             |  |             |   |  |  |
| Sworn to and subscribed before me at Chisvill City that this the 8th day of Floring 2021.  |            |             |  |             |   |  |  |
| Signature of Officer Administering Oath  Title of Officer Administering Oath  Title of Officer Administering Oath  To BE COMPLETED BY CITY SECRETARY OF BOARD:  03/07/2021   |            |             |  |             |   |  |  |
| (See Section 1.007)    The secretary of Board:   The secretary of Board:   The secretary of Board:   The secretary of Secr |            |             |  |             |   |  |  |
| Voter Registration Status Verified Signature of Secretary  |            |             |  |             |   |  |  |