APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

LINFORMATION IS REQUIRED TO BE PROVIDED UP	- A		o provide require			
APPLICATION FOR A PLACE ON	THE TOTAL	70	ZAGUE	GENER	RAL ELECTI	ON BALLOT
TO: City Secretary/Secretary of Board		(name of election)		10 40 11 40	220	
I request that my name be placed on the abo			The second secon		elow.	
OFFICE SOUGHT (Include any place number	or other distingu	ishing number, if any	y.) INDICATE	TERM		
Cita Concil Y	Jace 7		FULL		UNEXPIR	ED
FULL NAME (First, Middle, Last)	PRINT N	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*			BALLOT*	
Middlerin	1	D-2512 6 2 11500				
ALLISTON SIG	14,	Hinsley Stalling				
PERMANENT RESIDENCE ADDRESS (Do not inclu		many consequences and the consequences of the	MAILING ADDRES		4.000	you receive
you do not have a residence address, describe location	on of residence.)	campaign	related correspond	dence, if availal	ble.)	
CITY CT	ATE 710	arn.				710
5.3	ATE ZIP	CITY			STATE	ZIP
Missill		-				
PUBLIC EMAIL ADDRESS (Optional) (Address for	OCCUPATION (Do not leave blank)	DATE OF BIRT	н	VOTER REGI	STRATION VUID
which you receive campaign related emails, if available.)		~~~	DATE OF BIRTH		NUMBER ² (Optional)	
DESTRUCTION SECTION FOR THE SECTION FOR THE SECTION OF THE SECTION SEC	lacibles				The state of the s	
TELEPHONE CONTACT INFORMATION (Options	al)					
Home:	Office:			Cell:		
FELONY CONVICTION STATUS (You MUST chec		LENGTH OF CONTIN	NUOUS RESIDENC	E AS OF DATE	THIS APPLICAT	TION WAS SWORN
I have not been finally convicted of a felony.		IN THE STATE OF TEXAS		IN TERRITORY/DISTRICT/PRECINCT FROM		
7		. (WHICH THE OFFICE SOUGHT IS ELECTED		
I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting		year(s)		year(s)		
disabilities of that felony conviction and	11		11			
proof of this fact with the submission of th	month(s)		month(s)		month(s)	
*If using a nickname as part of your name to ap	pear on the ballot	, you are also signing	and swearing to	the following	statements: I	further swear that
my nickname does not constitute a slogan or c						
been commonly known by this nickname for at			Please review se	ctions 52.031	., 52.032 and 5	2.033 of the Texas
Election Code regarding the rules for how name	es may be listed or	n the official ballot.				^ -
Before me, the undersigned authority, on this d	day personally app	eared (name of candi	idate) H	woll.	SHILL	Who who
being by me here and now duly sworn, upon oa			A Marin	7		
"I, (name of candidate) ** TUSLEY	STELLIA	∪6, of	FUTON		Coun	ty, Texas,
being a candidate for the office of	+ COUNCI	LPLAEZ	_, swear that I	will support a	and defend the	e Constitution and
laws of the United States and of the State of Te	exas. I am a citizer	n of the United States	eligible to hold	such office ur	der the const	itution and laws of
this state. 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 am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of						
any such final felony conviction. I am aware th status constitutes a Class B misdemeanor. I furt						
status constitutes a class b illisuemeanor. Trust	thei swear that th	_	tallicidded in my	applicationa	ne man umgs	true and correct.
		X	WILL	M		
SIGNATURE OF CANDIDATE						
Sworn to and subscribed before me this the $\frac{2}{1}$		Harnetsh -		Malno	117 >10	ELLINO.
(d)	ay)	(month)	(year)	(n:	ame of candid	ate)
H) 1/2 74A			HOMAS	> LLAK	PIST	77/_
signature of Officer Authorized to Administer O	lath ⁴	Priv	THE THE PARTY OF	A COLONIA	on to Administ	ter Oath
- A distribution of the state o	diii		181 PG	Thomas Har State of Tex	ris III	cer outil
cty recredency		1		ffic Notary Put	olic)	
Title of Officer Authorized to Administer Oath			Cor	nmission No. 12	2651727-8	
O BE COMPLETED BY FILING OFFICER: THIS	APPLICATION IS	ACCOMPANIED B	THE REQUIRED	FILING FEE	es 5/13/2024 (6-Applicable)	PAID BY:
\square cash \square check \square money order \square c	ASHIERS CHECK (OR PETITION IN L	IEU OF A FILING	FEE.	0	
This document and \$ filing fee or a					Registration S	tatus Verified
1 21 2021 1 76	2024		+/)	1	1/ ,-	7/1
(146,12024 1,20)	LOWT (Se	ee Section 1.007)	Don	work	auir	1/6
Date Received 99:250 Date Accepted	1.47		Signature of Filir	ng Officer or	Designee	
				17		