2-49

Prescribed by Secretary of State

Section 141.031, Chapters 143 and 144, Texas Election Code 09/2023

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

| ALL INFORMATION IS REQUIRED TO BE PROVID   | ED UNLESS IND   | CATED /                 | AS OPTION                   | AL <sup>1</sup> Failure t | n POI  | de requir   | L SUBDIV   | ISIUN<br>Smax recult in               | rojection of earlie |    |  |
|--|-----------------|-------------------------|-----------------------------|---------------------------|--|-------------|--|---------------------------------------|---------------------|----|--|
| ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL <sup>1</sup> Failure to provide required information may result in rejection of application<br>APPLICATION FOR A PLACE ON THE <u>MCAlle Subjection</u> GENERAL ELECTION BALLOT   |                 |                         |                             |                           |  |             |  |                                       |                     |    |  |
| TO: City Secretary/Secretary of Board  |                 |                         | (name of                    | election)                 |  |             |  |                                       | ON DALLOI           |    |  |
| I request that my name be placed on th   | e above-name    | ed officia              | al ballot as                | a candida                 | te for t   | he office   | indicated be   | elow.                                 |                     |    |  |
| OFFICE SOUGHT (Include any place number or other distinguishing num  |                 |                         |                             |                           | per, if any.) INDICATE TERM                                      |             |  |                                       | ,                   |    |  |
| Oufic Utilly Doard, Viloce A   |                 |                         |                             |                           | FULL   |             |  |                                       |                     |    |  |
| FULL NAME (First, Middle, Last)  |                 |                         |                             |                           | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*               |             |  |                                       |                     |    |  |
| Charles Edurad Amor  |                 |                         |                             |                           | Charles Amos   |             |  |                                       |                     |    |  |
| PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If  |                 |                         |                             |                           | PUBLIC MAILING ADDRESS (Optional) (Address for which you receive |             |  |                                       |                     |    |  |
| you do not have agesidence address describe location of residence.)  |                 |                         |                             |                           | campaign related correspondence if available.)                   |             |  |                                       |                     |    |  |
|  |                 |                         |                             |                           |  |             |  |                                       |                     |    |  |
| CITY ANA I AA  | STATE ZIP       |                         |                             | CITY                      | 1  |             |  | STATE                                 | ZIP                 | -1 |  |
| Mcsellen   | 7 × 98          |                         | 3504                        | MeAll                     |  | m           |  | 77                                    | 18505               | -  |  |
| UBLIC EMAIL ADDRESS (Optional) (Address for OCCUPATION (Do not le  |                 |                         |                             |                           |  |             | Н  | VOTER REGI                            | STRATION VUID       | _  |  |
| which you receive campaign related emails, if available.   |                 |                         |                             |                           |  |             |  | NUMBER <sup>2</sup> (Optional)        |                     |    |  |
| TELEPHONE CONTACT INFORMATION (OP  |                 |                         |                             |                           | 10539  | 64662       |  |                                       |                     |    |  |
| Home:  |                 |                         |                             |                           |  |             |  |                                       |                     |    |  |
| Home:         Office:         Cell:           FELONY CONVICTION STATUS (You MUST check one)         LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN   |                 |                         |                             |                           |  |             |  |                                       |                     |    |  |
| I have not been finally convicted of a   | felony.         |                         |                             | HE STATE C                |  |             |  |                                       |                     | _  |  |
| I have been finally convicted of a felony, but I have been   |                 |                         |                             |                           | I LIN  |             | IN TERRITORY/DISTRICT/PRECINCT FROM<br>WHICH THE OFFICE SOUGHT IS ELECTED  |                                       |                     |    |  |
| pardoned or otherwise released from the resulting  |                 |                         |                             | 1                         | year(s)  |             |  |                                       | ear(s)              |    |  |
| disabilities of that felony conviction and I have provided   |                 |                         |                             |                           |  |             |  |                                       |                     |    |  |
| proof of this fact with the submission of this application. <sup>3</sup> *If using a nickname as part of your name to appear on the ballot, you are also my nickname does not constitute a slogge or contain a title are does in the ballot.   |                 |                         |                             |                           | month(s)   |             |  | month(s)                              |                     |    |  |
| my nickname does not constitute a slogan<br>been commonly known by this nickname to  | or contain a ti | e pallot,<br>tle. nor ( | you are als<br>does it indi | o signing a               | nd swei<br>tical or  | aring to t  | he following s   | tatements: I                          | further swear that  | :  |  |
|  | i acieast three | l vears pr              | for to this                 | election P                | lease re   | eview sec   | tions 52.031.  | gious view or<br>52.032 and 53        | attiliation. I have | :  |  |
|  | ames may be i   | isted on                | the official                | ballot.                   | ······   |             |  |                                       |                     |    |  |
| Before me, the undersigned authority, on the   | nis day persona | ally appe               | ared (nam                   | e of candid               | ate) 🖉   | har         | ly F. 1  | tmos                                  | , who               | 7  |  |
| being by me here and now duly sworn, upo   | n oath says:    |                         |                             | /                         | 1.   | 0 12        | £  | · · · · · · · · · · · · · · · · · · · |                     |    |  |
|  |                 |                         |                             |                           | of Hidalgo   |             |  |                                       | County, Texas,      |    |  |
| being a candidate for the office of MPUB TPuster plue A swear that I will support and defend the Constitution and laws of the United States and of the State of Texas, Law a citizen of the United States of Living States of the United States of States of the United States of the Unit |                 |                         |                             |                           |  |             |  |                                       |                     |    |  |
| this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be tately mentally increased in the state of the state o |                 |                         |                             |                           |  |             |  |                                       |                     |    |  |
| mentally meapachated without the fight to vote. Tam aware of the nenotism law Chantor 579 Coverement Cada I and the standard to the  |                 |                         |                             |                           |  |             |  |                                       |                     |    |  |
| First fallony contribution, and it so convicted, must provide proof that I have been pardoned or otherwise and see at the  |                 |                         |                             |                           |  |             |  |                                       |                     |    |  |
| any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction<br>status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."  |                 |                         |                             |                           |  |             |  |                                       |                     |    |  |
|  |                 |                         |                             |                           |  |             |  |                                       |                     |    |  |
| X Janla Amis   |                 |                         |                             |                           |  |             |  |                                       |                     |    |  |
| SIGNATURE OF CANDIDATE,  |                 |                         |                             |                           |  |             |  |                                       |                     |    |  |
| Sworn to and subscribed before me this the   | JJ H day of     | JUA                     | Mari                        | V.Z                       | 020  | > by        | harr   | SE À                                  | mis                 | 1  |  |
| 4n AL AL   | (day)           | (                       | month)                      | J                         | (year)   | _~~_<br>~~~ |  | ne of candidat                        | <u>1100</u> .       |    |  |
| INVINOPTO/   |                 |                         |                             |                           | N DI ST  | 1/1/=       | and the second | TOMM                                  |                     |    |  |
| Signature of Officer Authorized to Administra Oath   |                 |                         |                             |                           |  |             |  |                                       |                     |    |  |
| NUTURA   | i outil         |                         |                             | P Liter                   | au mam   | ු ට         | IAIE OF T  | to Administe                          | er Oath             |    |  |
| Title of Officer Authorized to Administer Oath   |                 |                         |                             |                           |  |             |  |                                       |                     |    |  |
| Title of Officer Authorized to Administer Oat  | h               |                         |                             |                           | CONTRACTOR OF CONTRACT   |             |  |                                       |                     |    |  |
| TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable PAD by CASH CASH CHECK CHECK OR PETITION IN LIEU OF A FILING FEE.   |                 |                         |                             |                           |  |             |  |                                       |                     |    |  |
|  |                 |                         |                             |                           |  |             |  |                                       |                     |    |  |
| This document and \$250,00 filing fee or a nominating petition of pages received.  |                 |                         |                             |                           |  |             |  |                                       |                     |    |  |
| 131/2075 (See Section 1.007)   |                 |                         |                             |                           |  |             |  |                                       | LEN, TEXA           |    |  |
| Date Received Date Accepted  |                 |                         |                             |                           | Signature of Filing Officer-or Designeé                          |             |  |                                       |                     | 1  |  |
|  | 1               |                         |                             | Sia                       | ature  | of Filing   | Officeror  | esignes                               |                     |    |  |