| ALL INFORMATION IS REQUIRED TO BE PRO | OVIDED UNLESS I | NDICATED OPT | IONAL | | Speria | | | |
|--|-----------------|--------------|--|--|--------|--|---|--|
| APPLICATION FOR A PLACE ON THE CARY OF MALLOT | | | | | | | | |
| TO: City Secretary/Secretary of Board | | | | | | | | |
| I 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 | | | | | | | | |
| NACAN CITY | | | | | | | | |
| MANO Ity Commission District C UNEXPIRED | | | | | | | | |
| FULL NAME (First, Middle, Last) | | | | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹ | | | | |
| Jose P. Cabrer de Vaca | | | Pepe Calbera da Vaca | | | | | |
| PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural | | | PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) | | | | | |
| Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.) | | | | | | | | |
| | | | 500 E. Hackberry sute 260 | | | | | |
| 3103 S. Casalinda | | | | | | | | |
| | | | | | | | | |
| CITY STATE ZIP | | ID. | CITY | | | STATE ZIP | | |
| CITY | | - | C111 | REALL | | | | |
| MSAME | B | 78503 | 1. | Gara | | VOTED DECI | 78581 | |
| PUBLIC EMAIL ADDRESS (If available) OCCUPATION (Do not leave blank) DATE OF BIRTH VOTER REGISTRATION VUID NUMBER (Optional) ² | | | | | | | | |
| Info@pepeformalla.com Garomat | | | | | | | | |
| TELEPHONE CONTACT INFORMATION (Optional) LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN | | | | | | | | |
| Home: 956- 618-2363 | | | | | | ERRITORY FROM WHICH THE FFICE SOUGHT IS ELECTED ³ | | |
| Work: | | | | | OFFIC | | | |
| WOIK. | | | 30 year (s) | | | 30 year (s) | | |
| Cell: | | | 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) <u>Tore</u> <u>R</u> . <u>Cabera de Vasan</u> o being by me here and now duly sworn, upon oath says: | | | | | | | | |
| 1 A IA | | | | | | | | |
| "I, (name) Take R. Colored Venus of Madde Hidde County, Texas, being a candidate for the office of Madde County Research 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 2:10 pm this the 28th day of anuary 2014 | | | | | | | | |
| | ^ | | 1 1 | | 16 | A SE Not | SHNAHA M SILVA ary Public, State of Tex | |
| Gran M. Li | h | | Nota | M | 100 | 图 1:1: | ID# 12845221-7 | |
| Signature of Officer Administering Oath ⁴ Title of Officer Administering Oath 11-22-2022 | | | | | | | | |
| TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD: (See Section 1.007) (See Section 1.007) | | | | | | | | |
| (See Section 1.007) Date Received Signature of Secretary | | | | | | | | |
| Voter Registration Status Verified | | | | _ | | | | |