All information is required to be provided unless indicated as optional.

ADDITION SOR A DINCE ON VER 1977	to complete	1. 1. 10.0	agulde of the				
APPLICATION FOR A PLACE ON THE DOT	us coun	y COME	ranting College	GENE	RAL ELECTION	ON BALLOT	
MW or	2 Dane						
I request that my name be placed on the above-named of	fficial ballot as	a candidate	e for the office ind	icated belo	ow.		
OFFICE SOUGHT (Include any place number of other distinguishing number) if			er if any.) INDICATE TERM				
Tristee for Arctiff HD		FULL					
					UNEXPIRED		
FULL NAME (First, Middle, Last)		PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT					
Vamur, Charles. (Islande		J.C. Oslavia					
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural		PURIL MALING ADDRESS (C					
Route. If you do not have a residence address, describe the address		PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)					
at which you receive personal mail and location of residence.)		P.O. BOX 195226					
5105 Landelia Apt. E		10. WX 195000					
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	IP .	CITY	,		STATE	ZIP	_
Daillas TX 7	5235	1)011	las		TY	75210	
PUBLIC EMAIL ADDRESS (If available) OCCUPATE	ON (Do not leav		DATE OF BIRTH		VOTED DEG	1 30119	_
1		-	DATE OF BIRTH		NUMBER (O	STRATION VUID	
Folland	te secur	ites 1	10 115	1 =1	,-	,	-
TELEPHONE CONTACT INFORMATION (Optional) LENGTH OF CONTINUOUS PESIDENCE AS A CONTINUOUS PESIDENCE PESI							
Home: 8/7-4/10-009/		IN STATE		IN TERRITORY ELECTED FROM			
Work:		8 year (s)					
		4		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 slogar nor does it indicate a political							
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.							
commonly known by this makhame for at least three years	prior to this ele	ection.					
Before me, the undersigned authority, on this day personally appeared (name)							
here and now duly sworn, upon oath says:							
"I, (name) Jamay OSborne of Dallas							
"I, (name) Salar South State of Trustee for District F swear that I will support and defend the Constitution and laws							
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.							
partially mentally incapacitated without the right to vote. I	am aware of the	e nepotism	law, Chapter 573,	Governme	ent Code.	aapacitatea Oi	
I further swear that the foregoing statements included in m	annlication ar	re in all this	age true and some				
	**************************************		ilks true and correc	7			
	X	( Ani	uar /	Ha.	1		
SIGNATURE OF CANDIDATE							
Sworn to and subscribed before me at 19/05 County this the 23 / day of Junuary 10/06							
			7			AL	
/ last		Mana			Iffe.	NA RICHARDSON	
ynature of Officer Administering Oath <sup>2</sup>	Title of Of	fficer Admi	histering Oath		MY CON	MISSION EXPIRE	
S BE COMPLETED BY CITY SECRETARY OR SECRETARY OF B	OARD:	meer Aurill	mstering Oath		V	larci: 5, 2017	
(See Section 1.007) January 27, 2016							
Date Receive	ed	Si	gnature of Secretar	y /			معم
Voter Registration Status Verified 🚩					_	' 1	