| ALL INFORMATION IS REQUIRED TO BE PR | | A | HONAL | | | | | |
|--|------------------|--|------------------|--|------------|-----------|-----------------------------|--|
| APPLICATION FOR A PLACE ON THE PORT LAVACA GENERAL ELECTION BALLOT | | | | | | | | |
| TO: City Secretary/Secretary of Board | | | | | | | | |
| I I I I I I I I I I I I I I I I I I I | | | | | | | | |
| 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 | | | | | | | | |
| | | | | | | | | |
| C L C FULL | | | | | | | | |
| LITY COUNCIL, VISTRICI " a UNEXPIRED | | | | | | | .D | |
| FULL NAME (First, Middle, Last) | PRINT NA | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹ | | | | | | |
| | | | | A STATE OF THE STA | | | | |
| FULL NAME (First, Middle, Last) TIMBTHY EDWARD DENT | | | | JIM DENT | | | | |
| 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 | | | | r obero minimo no one os campaign maining address, il available.) | | | | |
| at which you receive personal mail and lo | | | | | | | | |
| at Whish you receive personal man and recadon of restactive. | | | | | | | | |
| | | | | | | | | |
| 1000 PURPLE SAGE DR. | | | | | | | | |
| 1000 100122 31100 | | | | | | | | |
| | | | | | | | | |
| CITY | STATE | ZIP | CITY | | | CTATE | חוד | |
| | | | CIT | | | STATE | ZIP | |
| PORT LAUALA | 7 X | 77979 | | | | | | |
| PUBLIC EMAIL ADDRESS (If available) | , | ION (Do not lea | wo blank) | DATE OF BIRTH | | VOTER | REGISTRATION VUID | |
| FOBLIC LIVIAIL ADDRESS (II available) | OCCUPAT | ION (DO NOT lea | ave blank) | DATE OF BIRTH | | | R (Optional) 2 | |
| | | 13 Man ABE | | 7.17 | .1.17 | 77 | | |
| OUR LADY OF THE GULF 7 127 11962 1011 452282 | | | | | | | | |
| TELEPHONE CONTACT INFORMATION (Optional) LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN | | | | | | | | |
| Home: | | | IN STAT | E | IN TE | RRITORY F | ROM WHICH THE | |
| | | | | | | | GHT IS ELECTED ³ | |
| Work: | | | 21 | | 1000000 | 10 | | |
| р | | | <u>J & y</u> | ear (s) | | y | ear (s) | |
| Cell: | | | | 4 | | 3 | | |
| | | | | | | | | |
| 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. | | | | | | | | |
| 1 5 Det ~ | | | | | | | | |
| Before me, the undersigned authority, on this day personally appeared (name) JIMDTHY E DENT, who being by me | | | | | | | | |
| here and now duly sworn, upon oath says: | | | | | | | | |
| "I, (name) TIMOTHY E DENT OF CALHOUN County Texas being a | | | | | | | | |
| country reads) seing a | | | | | | | | |
| candidate for the office of CITY COUNCIL District #2, 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 | ne right to vote | . I am aware of | the nepotis | m law, Chapter 57 | 3, Governr | ment Code | | |
| | | | | | | | | |
| I further swear that the foregoing statements included in my application are in all things true and correct." | | | | | | | | |
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| $\mathbf{X} = \mathbf{A} \cdot $ | | | | | | | | |
| | | | 1-en | my In | and \ | <u></u> | | |
| Community and a dead of the de | 00-11.14 | | 307 | SIGNATURE C | F CANDID | ATE | | |
| Sworn to and subscribed before me at 10 RT ANACA, this the 30 day of AN WARY, | | | | | | | | |
| | 0 | | | | N. O. | 1 | MANDY GRANT | |
| | 1) | | × | C-20 | ** | 4 .9. | My Notary ID # 6631193 | |
| Mandy ra | nt | | 17 YC | | 1RX | OF TELL | Expires January 13, 2022 | |
| Signature of Officer Administering Oath ⁴ | | | Officer Adn | ninistering Oath | | - | | |
| TO BE COMPLETED BY CITY SECRETARY OF | | | | \ | 1 | / - | A | |
| (See Section 1.007) | 01-3 | 18 | | mas | Vy. | lian | n V | |
| | Date Recei | ived | | Signature of Secre | tary | | | |
| Voter Registration Status Verified 🗹 | | | | | | | | |