ALL INFORMATION IS REQUIRED TO BE PRO	DVID	ED UNLESS I	NDICATED OPTI	ONAL					
APPLICATION FOR A PLACE TO: City Secretary/Secretary of Board	ON	THE DOU	ble oak ge	NERAL E	LECTION BALLOT	-			
I request that my name be placed on the	abov	ve-named o	fficial ballot as	a candidate	for the office indicat	ted below	۷.		
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) INDICATE TERM									
Double Oak Town	Memb								
FULL NAME (First, Middle, Last)	8				ME AS YOU WANT IT	TO APP	EAR ON TH	E BALLOT <sup>1</sup>	
Anita Marie Nelson					Anita Nelson				
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rurai					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.)					On the Travil No				
345 Oak Trail Dr					345 Calk Trail Dr.				
345 UAN THUR WILL IN IL MATE TX 15077									
Double Oak, TX 7507	17								
							CTATE	710	
		-	(IP	CITY			STATE	ZIP	
Double Dak			75017	Double Oak			Tx	75077	
PUBLIC EMAIL ADDRESS (If available)				DN (Do not leave blank) DATE OF BIRTH			<b>VOTER REGISTRATION VUID</b> <b>NUMBER</b> (Optional) <sup>2</sup>		
Unita nelsonedoubleval tere	unita nelsonedoubleoakteresign refined teacher E109247001								
TELEPHONE CONTACT INFORMATION (C	ptio	nal)	LENGT	H OF CONT	INUOUS RESIDENCE	AS OF D	ATE APPLIC	ATION SWORN	
Home:		IN STATE			IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED <sup>3</sup>				
Work:				2.1 ()					
Cell: 469-263-0612				<u>33</u> year (s)			<u>え                                    </u>		
and the second		_ <u>5</u> month(s)			month(s)				
If using a nickname as part of your name that my nickname does not constitute a commonly known by this nickname for a	a slo	gan nor doe	es it indicate a	political, ed			-		
Before me, the undersigned authority, on this day personally appeared (name), who being by r here and now duly sworn, upon oath says:									
"I, (name) <u>Anite</u> <u>Murie</u> candidate for the office of <u>Cesaul</u> of the United States and of the State of this state. I have not been finally convic official action. I have not been determin partially mentally incapacitated without	Texa ted c ned b	of a felony fo a final jud	or which I have Igment of a co	ted States e not been p urt exercisir	vear that I will suppore eligible to hold such ardoned or had my f ng probate jurisdiction	office un full rights on to be t	efend the C der the cor of citizens totally men	nstitution and laws hip restored by otł tally incapacitated	
I further swear that the foregoing staten	nent	s included ir	n my applicatio	n are in all t	things true and corre	ect."			
			X	Cin	ita Nelo	in		BRIAN V. SHULLS	
Sworn to and subscribed before me at	Do	ible On	k, this the	15 day	SIGNATURE O	F CANDI	ATEN		
M 81/			M		To Ch	-		otary Public, State 0 Com SE Expires 0.6-03-20 Notary ID 13203564	
Signature of Officer Administering Oath <sup>4</sup>			Title	MICIPAL of Officer Ar	dministering Oath	ML			
TO BE COMPLETED BY CITY SECRETARY (							X	0	
(See Section 1.007)	2.	01/1	5/200	20	Que	~1	ten	ety	
		Date Rece	eived		Signature of Secre	tarv			

ų,

÷