AUG 0 8 2025

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

Time: 4:00 AMPM

			y of Kyle November 4, 2025				SPECIAL ELECTION BALLOT		
TO: City Secretary/Secretary of Board				of election)					
I request that my name be placed on the						-	below.		
OFFICE SOUGHT (Include any place number	er or other o	disting	guishing nun	nber, if any	.) INDICATI	TERM			
City Connect Distort 2					FULL		UNEXPIR	RED	
FULL NAME (First, Middle, Last)				PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*					
QIAL IL				P	1 U-11				
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural				ite. PUBLIC MAILING ADDRESS (Address for which you receive campaign related					
If you do not have a residence address, describe le					ence, if available		or which you rece	eive campaign related	
ii you do not nave a residence address, describe ii	ocation of resi	dence,	,	correspond	erice, ii available)			
CITY	STATE	ZIP		CITY			STATE	ZIP	
Kale	TX	17	18640	1/ /	1.		TY	78640	
PUBLIC EMAN ADDRESS (Address for which you				myl	DATE OF DID	TU	VOTED DEG	ISTRATION VUID	
coschio compaign related emails if evallable	engles related empile if evallable)			N (Do not leave blank) DATE OF BIRTH			NUMBER ² (Optional)		
Atto			neu						
TELEPHONE CONTACT INFORMATION (Opti			1						
Home:	Off	fice:	9			Cell:			
FELONY CONVICTION STATUS (You MUST cl	neck one)		LENGTH O	F CONTINUO	OUS RESIDENC	E AS OF DAT	E THIS APPLICA	TION WAS SWORN	
I have not been finally convicted of a felony	I have not been finally convicted of a felony.			IN THE STATE OF TEXAS IN TE				RRITORY/DISTRICT/PRECINCT FROM	
I have been finally convicted of a felony, but I have been						WHICH T	ICH THE OFFICE SOUGHT IS ELECTED		
pardoned or otherwise released from the resulting			year(s)				year(s)		
disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. ³			(S) month(s)				(month(s)		
This Box Must ONLY be Completed by Cand			District Board		- ' '	1		, monen(s)	
Check the Box Below:			2131.701 2041		-				
I am aware that I am not eligible to serve as a	trustee of an	indepe	endent school	district if I am	n required to reg	ister as a sex o	offender under C	hapter 62, Code of	
Criminal Procedure.			1 1 1						
*If using a nickname as part of your name to appe does not constitute a slogan or contain a title, no									
nickname for at least three years prior to this elec					-				
names may be listed on the official ballot.									
Before me, the undersigned authority, on this day personally appeared (name of candidate)								being by me here and	
now duly sworn, upon oath says: "I, (name of candidate)			, of	the City	of Kyle, H	avs c	ounty Toyas ha	ng a candidate for the	
	+2 .5	wear t						tes and of the State of	
Texas. I am a citizen of the United States eligible t	to hold such o	ffice u	nder the const	titution and la	aws of this state.	I have not be	en determined l	by a final judgment of	
a court exercising probate jurisdiction to be totally									
law, Chapter 573, Government Code. I am aware or otherwise released from the resulting disabilitie									
regarding my possible felony conviction status cor									
things true and correct."				X	KK	#			
	with .		ALALC	F 5	IGNATURE OF C		ul Hill		
Sworn to and subscribed before me this the	(day)	01	(month)		(year)		(name of candi	idate)	
1.11	(Guy)		(III DITCH)		1	0 11	1 / 1		
Januar Kirkland				_	ennit	er Ki	Klana		
Signature of Officer Authorized to Administe	er Oath4			Pri	ted Name of C	HIPPER AHEBRITH	KARKE ARTONIO	ter Oath	
notary Public							State of Texas		
Title of Officer Authorized to Administer Oat	th	_			1		es 02-17-2029		
TO BE COMPLETED BY FILING OFFICER: T		ATION	IS ACCOM!	PANIED BY	The state of the s		126805359	PAID BY:	
CASH CHECK MONEY ORDER							1	7	
11.0	or a nomina						r Registration	Status Verified	
mis document and 3 1 - 11 ming fee	or a nomine	ruig þ	CULION OI _	bage	* A	- 1000	A /	- Latus verified	
08/08/20250208/12	1202	5	(See Section	1.007)	groups	skirl	land		
Date Received Date Accepte	d			9	ignature of Fi	ing Officer o	or Designee		