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

| ALL INFORMATION IS REQUIRED TO BE PROVIDE  |                  |  |  |  | d information | n may result in                | rejection of application |  |
|--|------------------|--|--|--|---------------|--------------------------------|--------------------------|--|
| APPLICATION FOR A PLACE ON THE City of Sandy Oaks, Texas GENERAL ELECTION BALLOT   |                  |  |  |  |               |                                |                          |  |
| TO: City Secretary/Secretary of Board (name of election)   |                  |  |  |  |               |                                |                          |  |
| 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.)   |                  |  |  |  |               |                                |                          |  |
| ALDERMAN PLACE 2   |                  |  |  | FULL UNEXPIRED                             |               |                                |                          |  |
| FULL NAME (First, Middle, Last)  |                  |  | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* |  |               |                                |                          |  |
| DAVID KENNETH  | blay             | DAVID TRÉMBLAY   |  |  |               |                                |                          |  |
| PERMANENT RESIDENCE ADDRESS (Do not  |                  | f PUBLIC MAILING ADDRESS (Optional) (Address for which you receive |  |  |               |                                |                          |  |
| you do not have a residence address, describe location of residence.)  23955 SiWér CHALic C  |                  |  |  |  |               |                                |                          |  |
| CITY   | STATE            | ZIP  | CITY   |  |               | STATE                          | ZIP                      |  |
| SANDY OAKS   | TX               | 78112  |  |  |               |                                |                          |  |
| PUBLIC EMAIL ADDRESS (Optional) (Address   | for OCCUP        | ATION (Do not lea  | ve blank)  | ank) DATE OF BIRTH VOTER REGISTRATION VUID |               | STRATION VUID                  |                          |  |
| which you receive campaign related emails, if available.   | ) 7              |  | 12,120,000   |  | 11000         | NUMBER <sup>2</sup> (Optional) |                          |  |
| TELEPHONE CONTACT INFORMATION (Optional)   |                  |  |  |  |               |                                |                          |  |
| Home: Office: Cell: 210-632-2157   |                  |  |  |  |               |                                |                          |  |
| FELONY CONVICTION STATUS (You MUST check one)  LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN  |                  |  |  |  |               |                                |                          |  |
| I have not been finally convicted of a felony.  IN THE STATE OF TEXAS  IN TERRITORY/DISTRICT/PRECINCT FROM   |                  |  |  |  |               |                                |                          |  |
| I have been finally convicted of a felor   | 26 year(s) WHICH |  |  | THE OFFICE SOUGHT IS ELECTED  year(s)      |               |                                |                          |  |
| pardoned or otherwise released from  | - year(s)        |  |  | year (3)                                   |               |                                |                          |  |
| disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. <sup>3</sup>  |                  |  | 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 or contain a title, 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. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.  |                  |  |  |  |               |                                |                          |  |
| Before me, the undersigned authority, on this day personally appeared (name of candidate) DAVIA TREMBLAY, who  |                  |  |  |  |               |                                |                          |  |
| being by me here and now duly sworn, upon oath says:   |                  |  |  |  |               |                                |                          |  |
| "I, (name of candidate) DAVI&  | TREM             | BLAY   | ا ofا  | BEXAR                                      |               |                                | ty, Texas,               |  |
| being a candidate for the office of ALDERMAN PIACE & COLONG SHEET CAKES Wear 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 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 am aware that I must disclose  |                  |  |  |  |               |                                |                          |  |
| any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of  |                  |  |  |  |               |                                |                          |  |
| any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction   |                  |  |  |  |               |                                |                          |  |
| status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."  |                  |  |  |  |               |                                |                          |  |
| X Spirit Khembles  |                  |  |  |  |               |                                |                          |  |
| SIGNATURE OF CANDIDATE   |                  |  |  |  |               |                                |                          |  |
| Sworn to and subscribed before me this the   | 12 day c         | of august  |  | 2024 by                                    | David         | , trems                        | ley.                     |  |
| (day) (month) (year) (name of candidate)   |                  |  |  |  |               |                                |                          |  |
| Yourse Lackey Yvonne Lackey  |                  |  |  |  |               |                                |                          |  |
| Signature of Officer Authorized to Administer Catherine Notary ID #1246383 Printed Name of Officer Authorized to Administer Oath   |                  |  |  |  |               |                                |                          |  |
| My Commission Expires February 8, 2027   |                  |  |  |  |               |                                |                          |  |
| Title of Officer Authorized to Administer Oath   |                  |  |  |  |               |                                |                          |  |
| TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:   |                  |  |  |  |               |                                |                          |  |
| CASH CHECK MONEY ORDER CASHIERS CHECK OR PETITION IN LIEU OF A FILING FEE.   |                  |  |  |  |               |                                |                          |  |
| This document and \$ filing fee or a nominating petition of pages received.   Voter Registration Status Verified   |                  |  |  |  |               |                                |                          |  |
| 08/12/2014 08/12/2014 (See Section 1.007) Delha Torrel City Socitar  |                  |  |  |  |               |                                |                          |  |
| Date Received Date Accepte   | ed               | -(   | The second second                                  | ignature of Filir                          | ng Officer or | Designee                       |                          |  |