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

APPLICATION FOR A P	LACE ON THE CITY O	FSHO	EACRE	,5	GENERAL	ELECTI	ON BALLOT	
TO: City Secretary		•						
I request that my name be placed on	the above-named official bal	lot as a can	didate for the	office indica	ated below.			
OFFICE SOUGHT Include any place	ning number	, if any.	· · · · · · · · · · · · · · · · · · ·	INDICATE TERM				
ALDERMAN A				FUL.		UNEXPIRED		
FULL NAME (First, Middle, Last)	I	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT						
NEIL A. MOYER			NEIL MOYER					
PERMANENT RESIDENCE ADDR number. If none, describe location Box or Rural Rt.)	of residence. Do not inclu	de P.O.	MAILING AD	·	different fron	residence	address)	
1118 N. COUNTRY CLUB DR.			SAME					
CITY STATE	ZIP		CITY	S	TATE		ZIP	
SHOREACRES TEXX	12 27 27/							
EMAIL ADDRESS (Optional)	OCCUPATION (Do not le	eave blank)	DATE O	F BIRTH	VOTER REG		ON VUID NUMBER	
	RETIRED		86	7/46	1111116			
TELEPHONE NUMBER (Include are	a code) (Optional)]	Length of Con				ation Sworn	
OFFICE:	IN STATE IN (CITY IN DISTRICT OR PRECINCT ¹					
номе:			IN STATE IN 13 7		yr(s) $13 yr(s)$		1	
							mos	
If using a nickname as part of you swear that my nickname does not been commonly known by this nickname.	constitute a slogan nor does	it indicate	a political, eco	g and swear onomic, soc	ing to the fol	lowing stat us view or	ements: I further affiliation. I have	
Before me, the undersigned authority, here and now duly sworn, upon oatl County, Texas, being a candidate for defend the Constitution and laws of the Constitution and laws of this state citizenship restored by other official a mentally incapacitated or partially men	 I have not been finally continuous. I have not been determined. 	onvicted of rmined by a	as. I am a citize a felony for voting the second of the se	which I have that of a cour	nited States e e not been pa rt exercising j	rigible to he rdoned or l probate juri	had my full rights of sdiction to be totally	
I further swear that the foregoing stater	nents included in my applica	ation are in	all things true	and correct	,,,			
			XSIGNA	TURE OF	<u>Xa</u>	m	7	
Sworn to and subscribed before me at _	4'20 , this th	he <u>) 7</u>	Lh da	y of Feb	bruary		OLY. SEAL	
Signature of Officer administering oath		Per. Title of O	Soral Ba	stering oath		PATE OF TENE	JARED FULLEYLOVE My Commission Expiring August 22, 2016	
TO BE COMPLETED BY CITY SECR	ETARY:		02,27	' L/	ig vision			
(See Section 1.007)			Date Rece		Sierr	iture of City	Secretary	