APPLICATION FOR A PLACE TO: City Secretary/Secretary of Board	ON THE H	usboro is	D Sch	oor Board	GENER	AL ELECTIO	N BALLOT	
I request that my name be placed on the								
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) INDICATE TERM FULL								
Place 3					(errorente	UNEXPIRED		
FULL NAME (First, Middle, Last)				PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹				
Brooke Cecilia Dante Denise Thompson				Brooke Cecitia Thompson				
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.)				PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)				
170 Alexander street			ino Alexander Street					
CITY	STATE	ZIP	CITY			STATE	ZIP	
Hillsbord	TX	THELEUS	Hills	boro		TX	7Leurus	
PUBLIC EMAIL ADDRESS (If available)	1	TION (Do not lea		DATE OF BIRTH			ISTRATION VUID	
brookle thompson 0192 gmail Quality Assurance 01/01/93 NUMBER (Optional)2								
TELEPHONE CONTACT INFORMATION (Optional) LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION.								
Home:			IN STAT	E			M WHICH THE	
Work:			38 year (s)			OFFICE SOUGHT IS ELECTED ³ year (s)		
Cell:								
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 commonly known by this nickname for at				onomic, social, or	religious v	iew or affiliat	ion. I have been	
Before me, the undersigned authority, or here and now duly sworn, upon oath says		onally appeared ((name) 🕂	prooke	thom	PSON V	vho being by me	
"I, (name)								
candidate for the office of HIDD TWOICE States and 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 right to vote. I am aware of the nepotism law, Chapter 573, Government Code.								
I further swear that the foregoing stateme	ents included i	n my application	are in all th	nings true and corre	ect."			
		X	min	uu C-In	MOM	7		
			1	SIGNATURE O	F CANDID.	ATE		
Sworn to and subscribed before me at	1.20Pm	, this the	day	of Feb.	200			
Taula Cox			xec S	ec		No	PAULA COX tary ID #132096729	
Signature of Officer Administering Oath My Commission Expires								
TO BE COMPLETED BY CITY SECRETARY OF BOARD: (See Section 1.007)								
Date Received Signature of Secretary								
Voter Registration Status Verified					1			

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL