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

| APPLICATION FOR A PLACE | ON THE | Brazosport | I.S.I |) GE | NERAL ELECTION | ON BALLOT | |
|--|-----------------|----------------------|--|----------------------------|-------------------|--|--|
| TO: City Secretary/Secretary of Board | | | | | | | |
| I request that my name be placed on the | above-name | d official ballot as | a candidate | e for the office indicated | d below. | المحاقين المعالدة الا | |
| OFFICE SOUGHT (Include any place numl | | | | | HALL STATE OF | the comment of the co | |
| Trustee - Distric | t 5 | | | | | 1965-11 | |
| FULL NAME (First, Middle, Last) | | | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT | | | | |
| Michael Rag Speir | | | Michael Speir | | | | |
| PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural | | | PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) | | | | |
| Route. If you do not have a residence a at which you receive personal mail and lo | | | | | | | |
| 7 52 | ocation of res | iderice.) | 2/11 | | | | |
| 203 audubon la | voods | Ct | - | | | | |
| CITY | STATE | ZIP | CITY | | STATE | ZIP | |
| Rich wood |) X | 77531 | ar we upon | LOCUL CLOSE | augug) | | |
| JBLIC EMAIL ADDRESS (If available) OCCUPATION (Do not le | | | ave blank) | DATE OF BIRTH | | GISTRATION VUID (Optional) 1 | |
| | Er | 19in eer | | 7/19/0 | | 6836989 | |
| TELEPHONE CONTACT INFORMATION (C | | | H OF CONT | INUOUS RESIDENCE AS | | | |
| Home: IN STATE IN TERRITORY ELECTED FROM | | | | | | LECTED FROM | |
| Vork: | | | 28 3 | year (s) | | | |
| | | 6 Immonth(s) | | | | | |
| Cell: If using a nickname as part of your name to appear on the ba | | | | | | | |
| that my nickname does not constitute a | | | | | | | |
| commonly known by this nickname for a | t least three y | ears prior to this | election. | | | THE CONTROL | |
| Before me, the undersigned authority, or | n this day per | sonally appeared | (name) | hichael Ray S | Peir | who being by me | |
| here and now duly sworn, upon oath say | rs: | | | | 7 75 | | |
| "I, (name) / hichael Ray Sper | (| , of | Braze | oria | County | , Texas, being a | |
| candidate for the office of | ee Distr | rict 5 | sv | vear that I will support a | and defend the Co | nstitution and laws | |
| of the United States and of the State of this state. I have not been finally convict | | | | | | | |
| official action. I have not been determin | | | | | | | |
| partially mentally incapacitated without | the right to v | ote. I am aware of | the nepoti | sm law, Chapter 573, Go | overnment Code. | - 1 | |
| I further swear that the foregoing statem | nents included | l in my application | n are in all t | hings true and correct." | | | |
| | | V | 0.0 | 111. | | | |
| | | A | Nu | hur Spus | | | |
| Sworn to and subscribed before me at | Muto TX | , this the | 19 day | SIGNATURE OF CA | NDIDATE . | | |
| A A A A A | CIVICITA | , this the | uay | or <u>carriery</u> | | SEAL | |
| The VCh | | Λ | otary | | D/ | MIEL A SCHAFFED | |
| Signature of Officer Administering Oath ² | 29 | _ | - | ministering Oath | | NIEL A. SCHAEFER Notary Public | |
| TO BE COMPLETED BY CITY SECRETARY O | R SECRETARY | OF BOARD: | | 200 20 | | STATE OF TEXAS | |
| (See Section 1.007) | Date Re | 10-16 regived | | Signature of Secretary | VOSTA WC | omm. Exp. February 2, 2016 | |
| place of the concern. | Date Ke | :ceivea | | Signature of Secretary | | | |
| Voter Registration Status Verified | | | | | | | |