2-21 Prescribed by Secretary of State Section 141.031, Chapters 143 and 144, Texas Election Code 1/2017

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

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ADDUCATION IS REQUIRED TO BE PROV					CENED			
APPLICATION FOR A PLACE OI TO: City Secretary/Secretary of Board		200	e		GENER	AL ELECTIC	IN BALLOT	
I request that my name be placed on the ab		management of the side of the second s		for the office indi				
OFFICE SOUGHT (Include any place number	r or other dis	tinguishing num	ber, if any.)		IND	ICATE TERM		
at a				FULL				
City Commiss	ONER	PL-						
FULL NAME (First, Middle, Last)	PRINT NA	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <sup>1</sup>						
ARTEMIO PALACIOS				ARTEMIN "CHEMO" PALACIOS				
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 add					ouripu.Bri			
at which you receive personal mail and loca	tion of resid	ence.)						
1711 5 5				Cour	•			
1311 S. IRONWO	200		SAME					
	TATE	ZIP	CITY			STATE	ZIP	
PHARR	X	18577						
PUBLIC EMAIL ADDRESS (If available)	ÓCCUPA	TION (Do not lea	ave blank)	DATE OF BIRTH			ISTRATION VUID	
	$\square$					NUMBER (0	Optional) <sup>2</sup>	
	15	ETIRES	2					
TELEPHONE CONTACT INFORMATION (Opt	ional)	LENGT		NUOUS RESIDENC				
Home:			IN STAT	E			M WHICH THE	
Work:								
			<u>39</u> year (s) <u>39</u> year (s)		(s)			
Cell: 956 460 6160			m	month(s) month(s)		th(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 nor does it indicate a political, economic, social, or religious view or affiliation. I have been								
commonly known by this nickname for at le	east three ye	ars prior to this e	election.		_			
Before me, the undersigned authority, on this day personally appeared (name) ARTEMD PALACIOS, who being by me								
here and now duly sworn, upon oath says:								
			1 2	TIDALG	+O		Texas, being a	
candidate for the office of <u>C, +, Commissiphere</u> PL 3, 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	e right to vot	e. I am aware of	the nepotis	m law, Chapter 57	3, Govern	ment Code.		
I further swear that the foregoing statemen	ts included i	n my application	are in all th	ings true and corr	ect/	$\frown$		
		NZ.	$\bigcap$	- /	$\gamma / ($			
		$\mathbf{X}$	F.	ameo / a	yace	A Start		
			10	SIGNATURE C		DATE	nan dan kanalar kanala Kanalar kanalar	
Sworn to and subscribed before me at	:30pm	, this the _	5 <sup>th</sup> day	of February	2021	THE PURCH	IMELDA PEREZ	
				<u> </u>			SEAPublic, State of Tex ly Commission Expire	
( And Ban ?			Not	ARI		North N	April 23, 2024 IOTARY ID 12483735	
Signature of Officer Administering Oath <sup>4</sup> Title of Officer Administering Oath								
TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:								
(See Section 1.007) 02/05/2021 //////////////////////////////////								
Votor Pogistration Status Valified	Date Reco	eived		Signature of Secre	tary	v v		
Voter Registration Status Verified 🔟								



## Receipt Number: R02996085

Cashier Name: Maritza Gutierrez Terminal Number: 510 Receipt Date: 2/5/2021 1:36:30 PM

Trans Code: 510.0026 - CC CITY CLERK-M	IISC Name: FILING FEE- A	RTEMIO PALACIOS	\$1,000.00
Product: MISCELLANEOUS	Description: MISCELLANEOUS		
GL Account: 01-4-4664-000 - MISCELLANEOUS		Amount: \$1,000.00	
MISCELLANEOUS 1000.00	FILING FEE- ARTEMIO PALACIOS 1000.0	0 01-4-4664-000 -1000.00	
		Total Applied Amount:	\$1,000.00
Payment Method: 2-Check Payor: FILIN	IG FEE- ARTEMIO PALA Reference: 0904	Amount: \$1,000.00	
		Total Payment Received:	\$1,000.00
		Change:	\$0.00