ALL INFORMATION IS <u>REQUIRED</u> TO BE P	ROVIDED UNL								
	APPLICATION FOR A PLACE ON THE								
TO: City Secretary/Secretary of Board									
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 num	nber or other	distinguishing num	nber, if any.)		INDICATE TERM	1			
City Commission Place 3 - City of Pharr. UNEXPIRED									
FULL NAME (First, Middle, Last)				ME AS YOU WANT IT TO					
KAMiro CAballen	RAMiro CAballero								
PERMANENT RESIDENCE ADDRESS (Do				AILING ADDRESS (Camp					
Route. If you do not have a residence at which you receive personal mail and			81	9 WEST MO	sore Rd				
819 WEST MOORE				•					
D									
CITY	STATE	ZIP	CITY		STATE	ZIP			
tharr	TX	78577	141	naer	TX	78577			
PUBLIC EMAIL ADDRESS (If available)	x 1	PATION (Do not le	NUMBER (Ontional) <sup>2</sup>						
	hysician	SiciAN			1053143339				
TELEPHONE CONTACT INFORMATION (Optional) LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN									
Home:			IN STAT	E	IN TERRITORY FROM WHICH THE				
Work:	/ork:		11.						
			LL year (s)		27 25 year (s)				
cell: 956 - 821 - 4470		<u>3</u> month(s)			<u> </u>				
If using a nickname as part of your nam that my nickname does not constitute commonly known by this nickname for	a slogan nor	does it indicate a	political, ec						
Before me, the undersigned authority,			()	amiso Color	allero	, who being by me			
here and now duly sworn, upon oath says:									
"I, (name) KAMING CABALLERO of Hickory, County, Texas, being a									
candidate for the office of Pharr City Commission Place 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									
I further swear that the foregoing state	ments include	d in my applicatio		hings true and correct "					
That the foregoing state	ments include			inings une and correct.					
		X	Kau	weller	0.				
	,			SIGNATURE OF CA	NDIDATE				
Sworn to and subscribed before me at	11:06 AM	, this the	<u>2945</u> day	of Annage 20	21	IMELDA PEREZ			
	>		XCI	Divi		NSEAPublic, State of Te Commission Expire April 23, 2024			
Signature of Officer Administration	4		VOTAR	g tublic	OFTEN	NOTARY ID 12483735			
Signature of Officer Administering Qath TO BE COMPLETED BY CITY SECRETARY			officer Ad	ministering Oath	01				
(See Section 1.007)	01	129/2021		Juli i	nuz				
	Date R	eceived		Signature of Secretary	0				
Voter Registration Status Verified									

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## Receipt Number: R02990936

Cashier Name: Maritza Gutierrez Terminal Number: 510 Receipt Date: 1/29/2021 10:55:47 AM

Trans Code: 510.0014 - CITY CLERK-MISC	Name: RAMIF	RO CABALLERO, CA	NDIDATE FIL	ING I	\$1,000.00
Product: MISCELLANEOUS	Description: MISCELLANEOUS				
GL Account: 01-4-4664-000 - MISCELLANEOUS		Amount:	\$1,000.00		
RAMIRO CABALLERO, CANDIDATE FILING FEE 10	MISCELLANEOUS 1000.00	00 01-4-4664-000 -1000.00			
		Tot	al Applied An	nount:	\$1,000.00
Payment Method: 2-Check Payor: RAM	IRO CABALLERO, CANI Reference:	#1178/CABALLERO	Amount:	\$1,000.00	
	Total Payment Received				\$1,000.00
			C	hange:	\$0.00