


APPLICATION FOR A PLACE ON THE BALLOT FOR A SPECIAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL¹ Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE <u>City of Mission</u> SPECIAL ELECTION BALLOT					
TO: City Secretary/Secretary of Board (name of election)					
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 number or other distinguishing number, if any.) City Council Place 3				INDICATE TERM <input type="checkbox"/> FULL <input checked="" type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) Noel Salinas			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* Noel Salinas		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) 1904 E. Mile 2 Rd.			PUBLIC MAILING ADDRESS (Address for which you receive campaign related correspondence, if available.) 1904 E. Mile 2 Rd		
CITY Mission	STATE TX	ZIP 78574	CITY Mission	STATE TX	ZIP 78574
PUBLIC EMAIL ADDRESS (Address for which you receive campaign related emails, if available.) noelformission@gmail.com		OCCUPATION (Do not leave blank) Healthcare Administrator		DATE OF BIRTH 10 / 14 / 1973	VOTER REGISTRATION VOID NUMBER ² (Optional) 1134365573
TELEPHONE CONTACT INFORMATION (Optional) Home: _____ Office: _____ Cell: 956-334-4227					
FELONY CONVICTION STATUS (You MUST check one)		LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN			
<input checked="" type="checkbox"/> I have not been finally convicted of a felony. <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. ³		IN THE STATE OF TEXAS 50 year(s) 0 month(s)		IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED 18 year(s) 9 month(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 or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.					
Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>Noel Salinas</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>Noel Salinas</u> , of <u>Hidalgo</u> County, Texas, being a candidate for the office of <u>City Council Place 3</u> , 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 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 am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."					
X  SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this the <u>24th</u> day of <u>October</u> , <u>2023</u> , by <u>Noel Salinas</u> . (day) (month) (year) (name of candidate)					
Signature of Officer Authorized to Administer Oath ⁴ <u>Anna Carrillo</u>			Printed Name of Officer Authorized to Administer Oath <u>Anna Carrillo</u>		
Title of Officer Authorized to Administer Oath <u>Notary Public</u>					
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE This document and \$ _____ filing fee or a nominating petition of _____ pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified					
Date Received <u>10 / 24 / 2023</u>		Date Accepted _____		Signature of Filing Officer or Designee <u>Anna Carrillo</u>	

@ 3:16