

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

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 WARD D City of Freeport Council 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.) WARD D City Council INDICATE TERM
 FULL UNEXPIRED

FULL NAME (First, Middle, Last) KARLA Ann CLARK PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* KARLA CLARK

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.) 411 Sailfish #104 Ln PUBLIC MAILING ADDRESS (Address for which you receive campaign related correspondence, if available.) 411 Sailfish Ln #104

CITY Freeport STATE Tx ZIP 77541 CITY Freeport STATE Tx ZIP 77541

PUBLIC EMAIL ADDRESS (Address for which you receive campaign related emails, if available.) clarkkarla54@gmail.com OCCUPATION (Do not leave blank) Retired DATE OF BIRTH 12/04/1954 VOTER REGISTRATION VOID NUMBER² (Optional) 1017098321

TELEPHONE CONTACT INFORMATION (Optional)
Home: None Office: None Cell: 979-418-6875

FELONY CONVICTION STATUS (You MUST check one) I have not been finally convicted of a felony. 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
LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN
IN THE STATE OF TEXAS 44 year(s) 5 month(s)
IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED 8 year(s) 0 month(s)

¹If 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) KARLA A CLARK, who being by me here and now duly sworn, upon oath says:

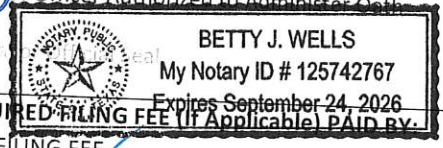
"I, (name of candidate) KARLA A CLARK, of BRAZORIA County, Texas, being a candidate for the office of WARD D Freeport City Council, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such 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 Karla Clark
SIGNATURE OF CANDIDATE

Sworn to and subscribed before me this the 30 day of December, by KARLA A CLARK
(day) (month) (year) (name of candidate)

Betty J Wells
Signature of Officer Authorized to Administer Oath⁴
City Secretary
Title of Officer Authorized to Administer Oath

Betty J Wells
Printed Name of Officer Authorized to Administer Oath



BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:
 CASH CHECK MONEY ORDER CASHIERS CHECK OR PETITION IN LIEU OF A FILING FEE

This document and \$ _____ filing fee or a nominating petition of _____ pages received. Voter Registration Status Verified

12 / 20 / 2022 12 / 20 / 2022 (See Section 1.007)
Date Received Date Accepted
Betty Wells
Signature of Filing Officer or Designee