ALL INFORMATION IS <u>REQUIRED</u> TO BE PROVID									
APPLICATION FOR A PLACE ON THE Keller 15D School Board GENERAL ELECTION BALLOT									
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 number of	iber, if any.)	er, if any.) INDICATE TERM							
11110 x toucher Olar 2				FULL					
KISD TRUSTER PI	We !)	UNEXPIRED						
FULL NAME (First, Middle, Last)			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹						
Krist Kittl	P /		DR. Kris Kittle						
			7						
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address			PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)						
at which you receive personal mail and location									
4817 Campfire Ct									
1811 Carreline Ci									
		ļ							
CITY STA	ATE ZI	ID.	CITY			CTATE			
	m .		CITY			STATE	ZIP		
F+ Worth 7	X	6244							
PUBLIC EMAIL ADDRESS (If available)	OCCUPATION	ON (Do not lea	ave blank)	DATE OF BIRTH		VOTER REGIS	STRATION VUID		
1 16: 11:11 0	1	L 00-	<u> </u>			NUMBER (O	otional) ²		
dr. Kris Kittle @adoptionsumaina	TAILAN	ict pro	TESSUR	12 /13-	<u>ئر ا</u> ا				
TELEPHONE CONTACT INFORMATION (Option	nal)	LENGTI	H OF CONTIN	NUOUS RESIDENC	E AS OF DA	ATE APPLICATION	ON SWORN		
Home:		IN STATE			IN TERRITORY FROM WHICH THE				
Work:					OFF	OFFICE SOUGHT IS ELECTED ³			
WOIK.			<u> </u>						
Cell: 817-482-6103		1			1				
	. 1		month(s)		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 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.									
Before me, the undersigned authority, on this day personally appeared (name) Kris Ki++e , who being by me									
here and now duly sworn, upon oath says:									
"I, (name) Kriskittle of Tarkant County, Texas, being a									
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 right to vote. I am aware of the nepotism law, Chapter 573, Government Code.									
I further swear that the foregoing statements included in a swear that the swear									
I further swear that the foregoing statements included in my application are in all things true and correct."									
		X	1X	JEXH	la fa fa f	مممغ	***		
		.A. 383.	Y,X	40 14	ARY Play	G L MONT	EMAYOR		
Sworn to and subscribed before me at	70m	, this the	15 days	7	OF CANDIDA	Notary Public,	State of Texas		
	P	, this the _	<u>/ </u>	Jew 3	OF TELL	My Commiss	sion Expires		
M7 20.		41	,	مرسيا		July 28,	2021		
150 (Vakes) Votery									
Signature of Officer Administering Oath ⁴ Title of Officer Administering Oath									
TO BE COMPLETED BY CITY SECRETARY OF BOARD: (See Section 1.007) (See Section 1.007)									
•	Date Receive	1 1 od		1000V	wre		-		
Date Received Signature of Secretary Voter Registration Status Verified Date Received Signature of Secretary									

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

	See	1 Total pages file	1 Total pages filed:						
2	CANDIDATE NAME	MS/MRS/MR FIRST MI DR Kris NICKNAME LAST SUFFIX	OFFICE USE ONLY Filer ID # Date Received						
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4817 Camp fire C+ F+ Worth TX 76244	Date Hand-delivered	or Postmarked					
4	CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 482 6103	Receipt# Date Processed	Amount\$					
5	OFFICE HELD (if any)		Date Imaged						
6	OFFICE SOUGHT (if known)	KISD TRUSTER Place 3							
7	CAMPAIGN TREASURER NAME	MSMRSMR FIRST MI NICKNAME Elizabeth	Marsh	SUFFIX					
8	CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; H120 Majestic C+ F+1	ZIP CODE	X 76244					
9	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (801) 403 9235	***************************************						
10	CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Tell I am aware of my responsibility to file timely reports as the Election Code. I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.	s required by	title 15 of					
GO TO PAGE 2									