All information is required to be provided	unless indicat	ed as optional.						
APPLICATION FOR A PLACE ON THE KELLER ISD BOARD OF Truster 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 or other distinguishing number, if any.)								
Board of Transportace 3								
FULL NAME (First, Middle/ Last)				PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT				
Cynthia Murry Lotton			Cindy Lotton					
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 address, describe the address at which you receive personal mail and location of residence.)				5304 GRAND MESAPR.				
5304 GRAND MESA DR  CITY  FT WORTH  TX  TX  TESTITE ZIP  TX  TESTITE  TX  TX  TESTITE  TX  TESTITE  TX  TX  TX  TESTITE  TX  TX  TX  TX  TESTITE  TX  TX  TX  TX  TX  TX  TX  TX  TX								
CITY	STATE	ZIP	CITY	<del></del> -		STATE	ZIP	
ET WORTH	TX	76137	FO	RT WORTH	4	TX	76137	
PUBLIC EMAIL ADDRESS (If available)		ATION (Do not lea		DATE OF BIRTH		VOTER REGIS	STRATION VUID	
					,	NUMBER (O		
Combotton 424@gmail.	COM HEB	150 -C04	nse/ok_	04/24	154			
TELEPHONE CONTACT INFORMATION (Optional)  LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN								
Home: 817-485-4177	ome: 817-485-4177			<i>-</i>		TERRITORY ELECTED FROM		
Work:			<del>75_</del> /	ear (s)		37 year (	s) .	
Cell:			month(s) month(s)			ı(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.								
1. 1 11 1/2								
Before me, the undersigned authority, on this day personally appeared (name) (1/104/11-101), who being by me here and now duly sworn, upon oath says:								
here and now duly sworn, upon oath says:								
"I, (name) County, Texas, being a								
candidate for the office of <u>fletter TSD Trustors</u> place S 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 right to vote. I am aware of the nepotism law, Chapter 573, Government Code.								
I further swear that the foregoing statements included in my application are in all things true and correct."								
		$\mathbf{X}$	.   /	1 11 X	SI M	)		
				SIGNATURE	OF CANDID.	A <b>7</b> E		
Sworn to and subscribed before me at	4:45 p	, this the	21 s + day 1	of January				
a u 0	-	0	1 1	,		CYNT	HIA GAIL DAVIS	
Cyrthia Dail Rav	is		Hay +	ublic		MY COM	IMISSION EXPIRES	
Signature of Officer Administering Oath <sup>2</sup>	D CECDETARY	<del> </del>	Officer Adr	ninistering Oath		A DE ANTON	lune 4, 2017	
TO BE COMPLETED BY CITY SECRETARY OF (See Section 1.007)		OF BOARD:	_					
•	Date Re	celved		Signature of Secre	tary			
Voter Registration Status Verified								

P.O. Box 12070

APPOINTM BY A CAN	IENT OF A CAMPAIGN	TREASURER	FORM CTA
	e CTA Instruction Guide for detailed instru	ctions.	1 Total pages filed:
2 CANDIDATE NAME	MS/MRS/MR FIRST CINY	M	OFFICE USE ONLY
	NICKNAME LAST	SUFFIX	Date Received
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY  5304 GRAND MUSTER  FTWORTH TY		
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Postmarked
THORE	(817) 485 - 41	77	Date Processed
5 OFFICE HELD (if any)	KISD Board of Trus	tes pl 3	Date Imaged
6 OFFICE SOUGHT (If known)	KISD Board of Truste	o pl3	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Clayton A Latter	NICKNAME SCOOTER	LAST SUFFIX
8 CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE #  5304 GLAND  AWorth TX	mesa	ZIP CODE
(residence or business)	of work 1x	14101	
9 CAMPAIGN TREASURER PHONE	(811) 485 -417	EXTENSION	
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law,	Chapter 573 of the Tex	as Government Code.
	I am aware of my responsibility to the Election Code.	o file timely reports as	required by title 15 of
	I am aware of the restrictions in till from corporations and labor organ		ode on contributions
	Signature of Candidate		/-2/- // Date Signed
	GO TO PA	~ r a	

## CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME

12 MODIFIED REPORTING DECLARATION ling M. Lotton

## COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

- •• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
- •• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)
  - •• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••

I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

2016

Year of election(s) or election cycle to which declaration applies

Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.