

## INSTRUCTIONS

An application to have the name of a candidate placed on the ballot for any general election may not be filed earlier than 30 days before the deadline prescribed by this code for filing the application. An application filed before that day is void. All fields **must** be completed unless specifically marked optional.

The general election filing deadline is 5:00 p.m. 78 days prior to election day for any uniform election date.

If you have questions about the application, please contact the Secretary of State's Elections Division at 800-252-8683.

## NEPOTISM LAW

The candidate must sign this statement indicating his awareness of the nepotism law. The nepotism prohibitions of chapter 573, Government Code, are summarized below:

No officer may appoint, or vote for or confirm the appointment or employment of any person related within the second degree by affinity (marriage) or the third degree by consanguinity (blood) to himself, or to any other member of the governing body or court on which he serves when the compensation of that person is to be paid out of public funds or fees of office. However, nothing in the law prevents the appointment, voting for, or confirmation of anyone who has been continuously employed in the office or employment for the following period prior to the election or appointment of the officer or member related to the employee in the prohibited degree: six months, if the officer or member is elected at the general election for state and county officers.

No candidate may take action to influence an employee of the office to which the candidate is seeking election or an employee or officer of the governmental body to which the candidate is seeking election regarding the appointment or employment of a person related to the candidate in a prohibited degree as noted above. This prohibition does not apply to a candidate's actions with respect to a bona fide class or category of employees or prospective employees.

Examples of relatives within the third degree of consanguinity are as follows:

- (1) First degree: parent, child;
- (2) Second degree: brother, sister, grandparent, grandchild;
- (3) Third degree: great-grandparent, great-grandchild, uncle, aunt, nephew, niece.

These include relatives by blood, half-blood, and legal adoption. Examples of relatives within the second degree of affinity are as follows:

- (1) First degree: spouse, spouse's parent, son-in-law, daughter-in-law;
- (2) Second degree: brother's spouse, sister's spouse, spouse's brother, spouse's sister, spouse's grandparent.

Persons related by affinity (marriage) include spouses of relatives by consanguinity, and, if married, the spouse and the spouse's relatives by consanguinity. These examples are not all inclusive.

## FOOTNOTES

<sup>1</sup>For rules concerning the form of a candidate's name or nickname on the ballot, see Subchapter B, Chapter 52 of the Texas Election Code.

<sup>2</sup>Inclusion of a candidate's VUID is optional. However, many candidates are required to be registered voters in the territory from which the office is elected at the time of the filing deadline. Please visit the Elections Division of the Secretary of State's website for additional information. <http://www.sos.state.tx.us/elections/laws/hb484-faq.shtml>

<sup>3</sup>This refers to the length of residence inside the district or territory from which the office is elected. For example, length of residence in a school district, for a school trustee office elected at large. This field **MUST BE COMPLETED**.

<sup>4</sup>All oaths, affidavits, or affirmations made within this State may be administered and a certificate of the fact given by a judge, clerk, or commissioner of any court of record, a notary public, a justice of the peace, city secretary (for a city office), and the Secretary of State of Texas.

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

| <b>APPLICATION FOR A PLACE ON THE _____ GENERAL ELECTION BALLOT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                             |                                                               |          |                                                                   |                |                |                |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------|-------------------------------------------------------------------|----------------|----------------|----------------|----------------|
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                             |                                                               |          |                                                                   |                |                |                |                |
| <b>OFFICE SOUGHT</b> (Include any place number or other distinguishing number, if any.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         | <b>INDICATE TERM</b><br><input type="checkbox"/> FULL<br><input type="checkbox"/> UNEXPIRED |                                                               |          |                                                                   |                |                |                |                |
| <b>FULL NAME</b> (First, Middle, Last)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT</b> <sup>1</sup>   |                                                                                             |                                                               |          |                                                                   |                |                |                |                |
| <b>PERMANENT RESIDENCE ADDRESS</b> (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>PUBLIC MAILING ADDRESS</b> (Campaign mailing address, if available.) |                                                                                             |                                                               |          |                                                                   |                |                |                |                |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>STATE</b>                                                      | <b>ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>CITY</b>                                                             | <b>STATE</b>                                                                                | <b>ZIP</b>                                                    |          |                                                                   |                |                |                |                |
| <b>PUBLIC EMAIL ADDRESS</b> (If available)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   | <b>OCCUPATION</b> (Do not leave blank)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         | <b>DATE OF BIRTH</b><br><br>/ /                                                             | <b>VOTER REGISTRATION VOID NUMBER</b> (Optional) <sup>2</sup> |          |                                                                   |                |                |                |                |
| <b>TELEPHONE CONTACT INFORMATION</b> (Optional)<br>Home:<br><br>Work:<br><br>Cell:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   | <b>LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN</b> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 50%; padding: 5px;">IN STATE</th><th style="width: 50%; padding: 5px;">IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED<sup>3</sup></th></tr></thead><tbody><tr><td style="padding: 5px; text-align: center;">_____ year (s)</td><td style="padding: 5px; text-align: center;">_____ year (s)</td></tr><tr><td style="padding: 5px; text-align: center;">_____ month(s)</td><td style="padding: 5px; text-align: center;">_____ month(s)</td></tr></tbody></table> |                                                                         |                                                                                             |                                                               | IN STATE | IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED <sup>3</sup> | _____ year (s) | _____ year (s) | _____ month(s) | _____ month(s) |
| IN STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED <sup>3</sup> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                             |                                                               |          |                                                                   |                |                |                |                |
| _____ year (s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____ year (s)                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                             |                                                               |          |                                                                   |                |                |                |                |
| _____ 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) _____, who being by me here and now duly sworn, upon oath says:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                             |                                                               |          |                                                                   |                |                |                |                |
| "I, (name) _____, of _____ County, Texas, being a candidate for the office of _____, 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."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                             |                                                               |          |                                                                   |                |                |                |                |
| <div style="font-size: 2em; font-weight: bold; margin: 0;">X</div> <div style="border-top: 1px solid black; width: 100%; margin-top: 5px;"></div> <div style="text-align: right; margin-top: 5px;">SIGNATURE OF CANDIDATE</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                             |                                                               |          |                                                                   |                |                |                |                |
| Sworn to and subscribed before me at _____, this the _____ day of _____, _____.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                             |                                                               |          |                                                                   |                |                |                |                |
| <b>SEAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                             |                                                               |          |                                                                   |                |                |                |                |
| Signature of Officer Administering Oath <sup>4</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Title of Officer Administering Oath                                     |                                                                                             |                                                               |          |                                                                   |                |                |                |                |
| TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                             |                                                               |          |                                                                   |                |                |                |                |
| (See Section 1.007)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                             |                                                               |          |                                                                   |                |                |                |                |
| Voter Registration Status Verified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   | Date Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         | Signature of Secretary                                                                      |                                                               |          |                                                                   |                |                |                |                |

Must be completed in front of a Notary \*