

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

| | | | | | | | | | |
|--|---|--|---|---|-----|----------|---|-------------------------------------|------------------------------------|
| APPLICATION FOR A PLACE ON THE <u>HISD School Board</u> | | | 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.) <u>Trustee - at large</u> | | | | INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED | | | | | |
| FULL NAME (First, Middle, Last) <u>Christopher W Teague</u> | | | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹ <u>Christopher Teague</u> | | | | | | |
| PERMANENT RESIDENCE ADDRESS (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.) <u>435 Craig St</u> | | | PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) <u>same</u> | | | | | | |
| CITY <u>Hillsboro</u> | STATE <u>TX</u> | ZIP <u>76645</u> | CITY | STATE | ZIP | | | | |
| PUBLIC EMAIL ADDRESS (if available) | | OCCUPATION (Do not leave blank) <u>physician</u> | DATE OF BIRTH <u>1 / 28 / 71</u> | VOTER REGISTRATION VOID NUMBER (Optional) ² | | | | | |
| TELEPHONE CONTACT INFORMATION (Optional) Home: Work: Cell: | | LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">IN STATE</td> <td style="text-align: center;">IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED³</td> </tr> <tr> <td style="text-align: center;"><u>38</u> year (s) ____ month(s)</td> <td style="text-align: center;"><u>4</u> year (s) ____ month(s)</td> </tr> </table> | | | | IN STATE | IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³ | <u>38</u> year (s) ____ month(s) | <u>4</u> year (s) ____ month(s) |
| IN STATE | IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³ | | | | | | | | |
| <u>38</u> year (s) ____ month(s) | <u>4</u> year (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) <u>Christopher Teague</u> , who being by me here and now duly sworn, upon oath says: "I, (name) <u>Christopher Teague</u> of <u>Hill</u> County, Texas, being a candidate for the office of <u>School Board, At-large</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 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="text-align: center;"> X _____ SIGNATURE OF CANDIDATE </div> | | | | | | | | | |
| Sworn to and subscribed before me at _____, this the <u>8th</u> day of <u>Feb.</u> , <u>2021</u> . | | | | | | | | | |
| Signature of Officer Administering Oath ⁴ <u>Paula Cox</u> | | Title of Officer Administering Oath <u>Exec Secretary HISD</u> | | | | | | | |
| TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD: (See Section 1.007) | | | | | | | | | |
| | | Date Received <u>2/8/21</u> | Signature of Secretary <u>Paula Cox</u> | | | | | | |
| Voter Registration Status Verified <input type="checkbox"/> | | | | | | | | | |

