

CERTIFICATE OF WITHDRAWAL

I, Shomega Austin, a candidate for the office of Cedar Hill Board of Trustees, hereby withdraw my candidacy from the School Board Trustee election. The election is being conducted by Dallas County and is to be held on 05/04/24.  
(political subdivision/county/party) (date)

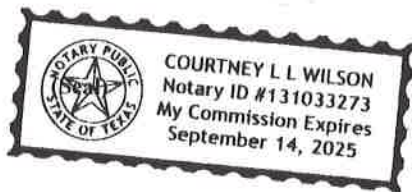
Shomega Austin  
Signature of Candidate

"The State of Texas,

"County of Dallas,

"This instrument was acknowledged before me on 02/10/24 by  
(date)

Shomega Austin  
(withdrawing candidate)



Courtney L L Wilson  
(Signature of officer)

Executive Assistant  
(Title of officer)

My commission expires: 9-14-2025

Forma prescrita por la Secretaría de Estado  
Fracción 145.001 del Código Electoral de Tejas

CONSTANCIA DE RETIRO DE CANDIDATURA

Yo, \_\_\_\_\_, candidato/a al cargo de \_\_\_\_\_, por este medio retiro mi candidatura de la elección \_\_\_\_\_. Dicha elección estará a cargo de \_\_\_\_\_ y se celebrará el \_\_\_\_\_.  
(subdivisión política/condado/partido) (fecha)

\_\_\_\_\_  
Firma del/de la Candidato/a

"El estado de \_\_\_\_\_,

"Condado de \_\_\_\_\_,

"El presente instrumento fue reconocido ante mí el \_\_\_\_\_ por  
(fecha)

\_\_\_\_\_  
(persona que retira su candidatura)

(Seal)

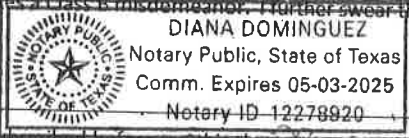
\_\_\_\_\_  
Firma del/de la Oficial

\_\_\_\_\_  
(Título del/de la Oficial)

(Mi cargo se vence el): \_\_\_\_\_

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

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL<sup>1</sup> Failure to provide required information may result in rejection of application.

<b>APPLICATION FOR A PLACE ON THE <u>Place 7</u> GENERAL ELECTION BALLOT</b>					
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.)			INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED		
FULL NAME (First, Middle, Last) <u>Shomega Cheyon Daniels-Austin</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* <u>Shomega Daniels-Austin</u>		
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.) <u>1364 Fox Glen Dr.</u>			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) <u>1364 Fox Glen Dr.</u>		
CITY <u>Cedar Hill</u>	STATE <u>Tx</u>	ZIP <u>75104</u>	CITY <u>Cedar Hill</u>	STATE <u>Tx</u>	ZIP <u>75104</u>
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) <u>austin-agency@att.net</u>		OCCUPATION (Do not leave blank) <u>Insurance Agent</u>	DATE OF BIRTH <u>12,25,1979</u>	VOTER REGISTRATION VOID NUMBER <sup>2</sup> (Optional)	
TELEPHONE CONTACT INFORMATION (Optional) Home: _____ Office: _____ Cell: <u>(214) 772-3495</u>					
FELONY CONVICTION STATUS (You MUST check one) <input checked="" type="checkbox"/> I have not been finally convicted of a felony. <input type="checkbox"/> 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. <sup>3</sup>		LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN IN THE STATE OF TEXAS <u>44</u> year(s) _____ month(s)		IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <u>20</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 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) <u>Shomega Daniels Austin</u> who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>Shomega Daniels Austin</u> , of <u>Dallas</u> 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 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 C misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."					
		X <u>Shomega Daniels-Austin</u> SIGNATURE OF CANDIDATE			
Sworn to and subscribed before me this the <u>24</u> day of <u>January</u> , <u>2024</u> , by <u>Shomega C. Daniels Austin</u> (day) (month) (year) (name of candidate)					
<u>Diana Dominguez</u> Signature of Officer Authorized to Administer Oath <sup>4</sup>			<u>Diana Dominguez</u> Printed Name of Officer Authorized to Administer Oath		
<u>Admin Assistant of Academics</u> Title of Officer Authorized to Administer Oath			Notarial or Official Seal		
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE. This document and \$ _____ filing fee or a nominating petition of _____ pages received. <input type="checkbox"/> Voter Registration Status Verified					
Date Received _____		(See Section 1.007)		Date Accepted _____	
Signature of Filing Officer or Designee _____					