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DECLARATION OF WRITE-IN CANDIDACY FOR CITIES, SCHOOL DISTRICTS AND OTHER POLITICAL SUBDIVISIONS
INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL¹ Failure to provide required information may result in rejection of application.

LISD / Supt Ofc

DECLARATION OF WRITE-IN CANDIDACY FOR Lewisville Independent School District
(Name of City, School District or Other Political Subdivision)

TO: Filing Officer

I declare that I am a write-in candidate for the office indicated below.

OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)

INDICATE TERM

☒ FULL

☐ UNEXPIRED

FULL NAME (First, Middle, Last)

PRINT NAME AS YOU WANT IT TO APPEAR ON THE LIST OF DECLARED WRITE-IN CANDIDATES*

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.)

PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)

CITY

STATE

ZIP

CITY

STATE

ZIP

PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)

OCCUPATION (Do not leave blank)

DATE OF BIRTH

VOTER REGISTRATION VOID NUMBER² (Optional)

TELEPHONE CONTACT INFORMATION (Optional)

Home:

Office:

Cell:

FELONY CONVICTION STATUS (You MUST check one)

LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN

- ☒ I have not been finally convicted of a felony.
☐ 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.³

IN THE STATE OF TEXAS

IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED

16 year(s)

12 year(s)

2 month(s)

2 month(s)

This Box Must ONLY be Completed by Candidates for School District Board of Trustees

Check the Box Below:

- ☒ I am aware that I am not eligible to serve as a trustee of an independent school district if I am required to register as a sex offender under Chapter 62, Code of Criminal Procedure.

*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) Matthew Siskowski, who being by me here and now duly sworn, upon oath says:

"I, (name of candidate) Matthew Siskowski, of Denton County, Texas, being a candidate for the office of LISD At Large PI. 6, 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 B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."

X

SIGNATURE OF CANDIDATE

Sworn to and subscribed before me this the 3rd day of September, 2025, by Matthew Siskowski
(day) (month) (year) (name of candidate)

Signature of Officer Authorized to Administer Oath⁴

Printed Name of Officer Authorized to Administer Oath

Elections Secretary
Title of Officer Authorized to Administer Oath

Shareesa Adams
Notary Public, State of Texas
Comm. Expires 05-02-2029
Notary ID 135513722

TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) AND BY:

☐ CASH ☐ CHECK ☐ MONEY ORDER ☐ CASHIERS CHECK OR ☐ PETITION IN LIEU OF A FILING FEE.

This document and \$_____ filing fee or a nominating petition of _____ pages received. ☐ Voter Registration Status Verified

Date Received

Date Accepted

(See Section 1.007)

Signature of Filing Officer or Designee