ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE	ON THE	CITY	OF ROCK	WALL	ITY COUNCI	GENER	AL FLECTIC	NRALIOT	
TO: City Secretary/Secretary of Board				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				NO DALLO I	
I request that my name be placed on the	ahawa n	mad at	fficial ballet as	a candidate	for the office indi	ested bala			
OFFICE SOUGHT (Include any place number									
							FULL		
ROCKWALL CITY COUNCIL PLACE #6					XUNEXPIRED				
FULL NAME (First, Middle, Last)					PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹				
ANNA GAIL CAMPBELL				ANNA CAMPBELL					
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.)				PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)					
at which you receive personal mail and location of residence.									
1550 FAIRLAKES POINTE DRIVE				P.O. BOX 1675					
CITY	STATE		IP	CITY			STATE	ZIP	
ROCKWALL	TX	7	5087	ROCK	ROCKWALL		TX	75087	
PUBLIC EMAIL ADDRESS (If available)	oc	OCCUPATION (Do not lea			DATE OF BIRTH			SISTRATION VUID	
AnnaCampbellforCityCouncil@gmail.com		ISD E	Educator			NUMBER (Optional) ²			
TELEPHONE CONTACT INFORMATION (Optional) Home: N/A					I OF CONTINUOUS RESIDENCE AS IN STATE				
Work: 972-771-7339						IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³			
			9 year (s)				_30_ year (s)		
Cell: 972-816-2767									
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) ANNA GAIL CAMPBELL , who being by me here and now duly sworn, upon oath says:									
"I, (name) ANNA GAIL CAMPBELL of ROCKWALL County, Texas, being a									
"I, (name)ANNA GAIL CAMPBELL of ROCKWALL County, Texas, being a candidate for the office of _ROCKWALL CITY COUNCIL PL #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 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."									
SIGNATURE OF CANDIDATE									
Sworn to and subscribed before me at	8:130	-ım.	, this the	3th day	of Juniory		MIE		
						January P. S.	MARG	RET DELANEY	
Signature of Officer Administering Oath	note.	Notary Public, State of T ID# 13112546-9 e of Officer Administering Oath My Comm. Expires 05/1				# 13112546-9			
TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:									
(See Section 1.007) OI 13 202 Signature of Secretary									
Voter Registration Status Verified V									