| APPLICATION FOR A PLAC   |                        | May 4            |                     |   | GENER                                 | AL ELECTION                           | ON BALLOT                 |  |
|--|------------------------|------------------|---------------------|---|---------------------------------------|---------------------------------------|---------------------------|--|
| TO: City Secretary/Secretary of Board  |                        | ·                |                     | ·   | 0211211                               |                                       |                           |  |
| I request that my name be placed on t  | ne above-named off     | ficial ballot as | a candidate         | for the office indic  | ated belo                             | w.                                    |                           |  |
| OFFICE SOUGHT (Include any place nu  |                        |                  |                     | TO THE SHOOT HERE   |                                       | CATE TERM                             |                           |  |
| EPISD DIS  | Lact 7                 |                  |                     |   |                                       | FULL                                  |                           |  |
| · · · · · · · · · · · · · · · · · · ·  | 11101                  |                  |                     |   |                                       | UNEXPIRED                             |                           |  |
| FULL NAME (First, Middle, Last)  |                        |                  |                     | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <sup>1</sup>                              |                                       |                                       |                           |  |
| Laura Michelle Lowerer   |                        |                  | Mickey Loweree      |   |                                       |                                       |                           |  |
| PERMANENT RESIDENCE ADDRESS (De Route. If you do not have a residence  |                        |                  | PUBLIC MA           | AILING ADDRESS (  | Campaign                              | mailing add                           | ress, if available.)      |  |
| at which you receive personal mail and   |                        |                  |                     |   |                                       |                                       |                           |  |
| 214 Maricopa<br>El Paso Texas 79912  |                        |                  | Same                |   |                                       |                                       |                           |  |
| FI Pago Texa   | 15 79912               |                  |                     |   |                                       |                                       |                           |  |
| 611000   |                        |                  |                     |   |                                       |                                       |                           |  |
| CITY   | STATE ZI               | Р                | CITY                |   |                                       | STATE                                 | ZIP                       |  |
| FI Paso  | Tx  7                  | 19912            | EID                 | 350   |                                       | Tx                                    | 79912                     |  |
| PUBLIC EMAIL ADDRESS (If available)  |                        | ON (Do not lea   |                     | DATE OF BIRTH   |                                       |                                       | GISTRATION VUID           |  |
|  | - 1.0                  | 1 1              |                     |   |                                       | NUMBER                                | (Optional) <sup>2</sup>   |  |
| MIDWERE @ EDISA . Or   | 9 1 101W               | Heer             | U OF CONT           | )   | /<br>5 AS OF D                        | ATE ADDUC                             | TION CHOON                |  |
| NOWERE @ EDISO . OF VOIUNTERY LEPHONE CONTACT INFORMATION (Optional) LENGTH Come:  |                        |                  |                     | I OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN IN STATE IN TERRITORY FROM WHICH THE |                                       |                                       |                           |  |
| , and the  |                        | .10.             |                     | OF  | OFFICE SOUGHT IS ELECTED <sup>3</sup> |                                       |                           |  |
| Work:  |                        | <u> </u>         |                     |   | ) 9 year (s)                          |                                       |                           |  |
| cell: 915-472-4623   |                        |                  | month(s)            |   |                                       | ( month(s)                            |                           |  |
| f using a nickname as part of your nar   |                        |                  | e also signir       | ng and swearing to  |                                       | ing stateme                           | nts: I further swear      |  |
| that my nickname does not constitute<br>commonly known by this nickname for  |                        |                  |                     | onomic, social, or  | religious                             | view or affil                         | iation. I have been       |  |
|  |                        |                  |                     | Michill   | <u> </u>                              |                                       |                           |  |
| Before me, the undersigned authority,<br>here and now duly sworn, upon oath s  |                        | ally appeared    | (name)_ <b>/</b> _/ | ulra michen   | 6 100                                 | geree                                 | , who being by me         |  |
|  |                        |                  |                     | )   |                                       | _                                     |                           |  |
| "I, (name) Loura Michelle Lowerer of El Paso County, Texas, being a candidate for the office of District 7 EPISD 130T , swear that I will support and defend the Constitution and laws |                        |                  |                     |   |                                       |                                       |                           |  |
| of the United States and of the State o  | of Texas. I am a citiz |                  | ted States e        | ligible to hold such  | office un                             | der the cons                          | titution and laws of      |  |
| this state. I have not been finally conv<br>official action. I have not been detern  |                        |                  |                     |   |                                       |                                       |                           |  |
| partially mentally incapacitated withou  |                        |                  |                     |   |                                       |                                       |                           |  |
| further swear that the foregoing stat  | ements included in I   | my applicatio    | n are in all ti     | nings true and corr   | ect."                                 |                                       |                           |  |
|  |                        | V                |                     | Var.  | 0 ~ 4                                 |                                       |                           |  |
|  |                        | Λ                |                     | XIII  | ru                                    |                                       |                           |  |
| Sworn to and subscribed before me at   | 12:14 00               | this the         | 1 HAday             | SIGNATURE OF  | of CANDIL                             |                                       |                           |  |
| A  | _ <del></del>          |                  |                     | 1   |                                       |                                       | SEAL<br>ELIZABETH CARRASC |  |
| Elyputu Cana   | 000                    |                  | Nota                | nh  |                                       |                                       | 14. Notani ID # 104334    |  |
| Signature of Officer Administering Oat   |                        |                  | f Officer Ad        | meristering Oath  |                                       |                                       | Expires September 5, 2    |  |
| TO BE COMPLETED BY CITY SECRETAR' (See Section 1.007)  | OR SECRETARY OF        | BDARD: (1) 2019  | ,                   | MINTEL !  | Naua                                  | MO                                    |                           |  |
| •  | Date Receiv            | <del></del>      | <u> </u>            | Signature of Secre  |                                       | · · · · · · · · · · · · · · · · · · · |                           |  |
| Voter Registration Status Verified 🗹   | Mulane                 |                  | <del></del> -       | <u> </u>  |                                       |                                       | <del></del>               |  |
| Pour Lisa.   | 211110019              |                  |                     |   |                                       |                                       |                           |  |