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

APPLICATION FOR A PLACE ON THE BALLOT

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

Port Aransas City Council Seat #5

PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*

David Sieloff

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.)

105 Five Dove Circle

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

105 Five Dove Circle

CITY
Port Aransas

STATE
TX

ZIP
78373

CITY
Port Aransas

STATE
TX

ZIP
78373

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

OCCUPATION (Do not leave blank)
Engineer

DATE OF BIRTH

VOTER REGISTRATION UID NUMBER

TELEPHONE CONTACT INFORMATION (Optional)

Home: (512) 966-1499
Office:
Cell:

FELONY CONVICTION STATUS (You MUST check one)

☐ 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

LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN

IN THE STATE OF TEXAS

☐ 28 year(s)

☐ 2 month(s)

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

☐ 3 year(s)

☐ 3 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) David Sieloff, who being by me here and now duly sworn, upon oath says:

\(\text{☐, (name of candidate) David Sieloff of County, Texas,}\

being a candidate for the office of Port Aransas City Council Seat #5, swear that I shall 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."

\(\text{X} \) David D. Sieloff

SIGNATURE OF CANDIDATE

Sworn to and subscribed before me this the 15th day of February, 2023, by David D. Sieloff

(name of candidate)

Signature of Officer Authorized to Administer Oath*

Texas Notary

Printed Name

Erilda Valdez

Title of Officer Authorized to Administer Oath

Notary Public, State of Texas

Comm. Expires 02-28-2026

Notary ID 133814711

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

Date Received
2/13/2023

Date Accepted
2/13/2023

(See Section 1.007)

Signature of Filing Officer or Designee

Francisco Nino