## OFFICIAL RECORD

Prescribed by Secretary of State
Section 141.031, Chapters 143 and 144, Texas Election Code
1/2017

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL OF THE PROVIDED UNLESS INDICATED OPTIONAL							
APPLICATION FOR A PLACE ON THE MAY 4th, 2011				GENI	GENERAL ELECTION BALLOT		
Fort Worth							
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.)							
Fort Worth Distri	c+7 (	city	Council		JFULL JUNEXPIRED	21 11 01 68	
FULL NAME (First, Middle, Last)	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT						
Michael Matos-	Michael Matos						
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)						ess, if available.)	
Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.)  4213  ENWY  LAKE TKL							
at which you receive personal mail and location of residence.)							
425 Mariscal Pla	Ce			9			
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			000	000			
CITY	CTATE 715		CITY		CTATE	710	
CITY	STATE ZIF		CITY	1 1	STATE	ZIP	
Fort Worth	(X /	6131	toer	WORTH	1X	TOCH4	
PUBLIC EMAIL ADDRESS (If available)	OCCUPATIO	N (Do not lea	ve blank) DAT	E OF BIRTH		ISTRATION VUID	
	CI	00 00	.0		NUMBER (C	Optional)	
votematos@gmail.com Sales Kep							
TELEPHONE CONTACT INFORMATION (Optional)  LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN							
Home:			IN STATE		TERRITORY FRO		
Work:			20		2		
			20 year (s)		2year	(s)	
cell: 817 422 1040		month(s)			month(s)		
Cell: 81 1 422 1040			month(s	)	mon	th(s)	
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