ALL INFORMATION IS REQUIRED TO BE P						/<	3	100	
APPLICATION FOR A PLACE	ON THE	(11	Y OF	FORT U	HT90	GENER	AL ELECTIO	N BALLOP	
TO: City Secretary/Secretary of Board						3	MA 9	207 .	
I request that my name be placed on the	e above-nar	ned of	ficial ballot a	s a candidate	for the office	indicated be)W	TWORTH S	
OFFICE SOUGHT (Include any place num							CATE TERM	GRETARY	
		~ ~		0		×	PUBL	TA STATE OF THE ST	
FORT WORTH CITY CO	NCJL	23	STRACT	ol			UNEXPIRED	534	
FULL NAME (First, Middle, Last)				PRINT NA	ME AS YOU W	ANT IT TO AP		BALLOT1	
ANTHONY STEVEN TH	NR AITO AI			STE	VE THO	LAD THE			
PERMANENT RESIDENCE ADDRESS (Do			Box or Rural				mailing addr	ess, if available.)	
Route. If you do not have a residence						(carripaign	manny addr	ess, ii available.	
at which you receive personal mail and l	ocation of r	esiden	ce.)						
1701 LEE AVE									
CITY	STATE	ZII	•	CITY			STATE	ZIP	
-							SIAIL	2.11	
FORT WORTH	11		6164						
PUBLIC EMAIL ADDRESS (If available)	OCCUPATIO		N (Do not le	eave blank)	DATE OF BIRTH		VOTER REGISTRATION VUID NUMBER (Optional) ²		
	Fava	FINANCIA		AOVISOR		11 /25 /1952			
FELEPHONE CONTACT INFORMATION (C								75	
Home:			IN STATE			IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³			
Work:			59 year (s)						OF
Cell: 817 925 6100									
If using a nickname as part of your name	to annear o	n the	hallot you a	- Annual Control of the Control of t	onth(s)	g to the follow	ing statemen	tn(s)	
that my nickname does not constitute a				_	_	_	_		
commonly known by this nickname for a	t least three	years	prior to this	election.					
Before me, the undersigned authority, o	n this day n	orcona	lly appeared	Inamal AM	may (+au	EU THOAN	MAI	who being by me	
here and now duly sworn, upon oath say		EISOIIa	ny appeareu	(Harrie) / YV	10001 5160	SO THOUSE	0.4	will beilig by file	
				TA 2-					
			of of					Texas, being a	
candidate for the office of Font Wood of the United States and of the State of									
this state. I have not been finally convict					-				
official action. I have not been determin								ly incapacitated or	
partially mentally incapacitated without	the right to	vote. I	am aware o	f the nepotis	m law, Chapte	r 573, Govern	ment Code.		
further swear that the foregoing statem	ents includ	ed in n	ny applicatio	n are in all th	ings true and	correct."			
			V	1	1 1-	1 -			
			A	Auto	my N.10	sola/u	_		
				au /	SIGNATU	RE OF CANDID			
wor n to a nd subscribed before me at _			, this the	day	- unugg	y 2013			
The Glasker Color							LIZABETH ENF		
CHOUSE TROUGHUS					1	M	Commission	Expires 2	
ignature of Officer Administering Oath ⁴				of Officer Adn	ninistering a	N CONT	OVEMBER 0	5, 2017	
TO BE COMPLETED BY CITY SECRETARY C	R SECRETAL	RY OF I	BOARD:		Ma	w			
See Section 1.007)	Date	Receive	ed (Signature of S	ecretary			
Voter Registration Status Verified					9				