OFFICIAL RECORD

CSO REC'D JAN 22 '25 PM2:24

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

APPLICATION FOR A PLACE O	D UN	HE FO	ort Worth City	AL ¹ Failure to / Counci	provide requi			ejection of applica	
TO: City Secretary/Secretary of Board I request that my name be placed on the			(name of	election)			g v reig.	red the taled	
OFFICE SOUGHT (Include any place numl						E TERM	ciow.		
Fort Worth Council District 5	bei c	n other t	distinguishing hun	ilber, il arry.	FUL		UNEXPIRI	ED	
FULL NAME (First, Middle, Last)					PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*				
Michael, James, Moore					Michael Moore				
PERMANENT RESIDENCE ADDRESS (Do not you do not have a residence address, describe to 1412 Lindsey St				\$100 P. C.		RESS (Optional) ondence, if availa	(Address for wh ble.)	ich you receive	
CITY Fort Worth	STATE		76105	СІТУ		City Service	STATE	ZIP	
PUBLIC EMAIL ADDRESS (Optional) (Address which you receive campaign related emails, if available.) michael@mooreforfortworth.com	eceive campaign related emails, if available.)			Do not leave blank)			VOTER REGISTRATION VUID NUMBER ² (Optional)		
TELEPHONE CONTACT INFORMATION (Op	tlans		THE REAL PROPERTY.	177.11	11-0	ri sumovenu.	100		
dan sa sa marka sa Pila Sandra Aris	LIUII8	The lower	and of least being			d nogask			
Home: Office:				Cell:			THE ADDICATION WAS SAIDED.		
				TH OF CONTINUOUS RESIDENCE AS OF D					
 ✓ 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 				THE STATE			IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED		
				07	year(s)	1911/11/37	year(s)		
disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. ³				2	month(s)	a project to	5 month(s)		
Before me, the undersigned authority, on the being by me here and now duly sworn, upon Michael Moo	on oa	lay perso th says:	nally appeared (na	me of candi of_Tar		ael Moore		, who	
being a candidate for the office of FOI laws of the United States and of the State this state. I have not been determined by mentally incapacitated without the right to any prior felony conviction, and if so conviction, such final felony conviction. I am awa	of Te a fin o vote cted,	exas. I am al judgme e. I am a must pro	ent of a court exer ware of the nepot ovide proof that I h	ot 5 nited States cising proba ism law, Cha ave been pa	, swear that eligible to ho ate jurisdiction apter 573, Gov ardoned or oth	old such office u n to be totally i vernment Code herwise release	under the const mentally incapa e. I am aware to ded from the res	citated or partiall that I must disclos- ulting disabilities o	
status constitutes a Class B misdemeanor.	I furt	ther swea	ar that the foregoir	ng statemen	ts included in	my application	are in all thing	s true and correct.	
			V	Λ	()	1 1	gi, gi, biggi en		
			A selection of the sele	7 7 1	1, V	10/00			
				SIGNATUR	RE OF CAND	DATE			
Sworn to and subscribed before me this th	e 2	2 day	of Januar	u .6	2025 1	by Micho	iel Moc	re	
		ay)	(month)		(year)		name of candid		
Land odereun	5			k	Zane	Rodr	lavez		
Signature of Officer Authorized to Adminis	ter O	ath4	Harton I vo	Prin	nted Natherof		ined to Adminis	ter Oath	
Lendina Assistant -					CLINY DUE	RANE ROD			
Title of Officer Authorized to Administer O					1 300	My Commissi			
TO BE COMPLETED BY FILING OFFICER: CASH ☐ CHECK ☐ MONEY ORDER							(If Applicable) PAID BY:	
This document and \$ 100 filing fee	e or	a nomina	ating petition of _	page	s received.	Vote	Registration	Status Verified	
1 ,27 ,2025 1 ,2 Date Received Date Accept		202	(See Section		Signature of	Filing Officer of	Sozeda or Designee	00	
Date Received Date Accept	ccu				Jigilature Or	ining Officer C	Print	0	