## ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

| ALL INFORMATION IS REGORDED TO BE I NO SE  | C A t  | i- LCD GE   | MEDAL FI  | ECTION BALLO   | Γ                     |                                      |                           |  |
|--|--|---|---|--|-----------------------|--------------------------------------|---------------------------|--|
| APPLICATION FOR A PLACE ON THE   | San Anton  | 10 1.3.D. GE                                      | MENALLI   | med official bal   | lotacac               | andidate for th                      | e office                  |  |
| TO: City Secretary/Secretary of Board: I reque indicated below.  | st that my nar   | ne be placed                                      | on the abov   | e-named official bar   |                       |                                      |                           |  |
| OFFICE SOUGHT (Include any place number or other distinguishing number   |  |   |   | ner, if any.)  INDICATE TERM  FULL                               |                       |                                      |                           |  |
| San Antonia Ti   | adagen   | dest S  | chool D   | listrict SMD   |                       |                                      |                           |  |
| FULL NAME (First, Middle, Last)  | PRINT NAM  | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT |   |  |                       |                                      |                           |  |
| Christopher Lynn Green   |  |   |   | Christopher Green  |                       |                                      |                           |  |
| PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural  |  |   |   | PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) |                       |                                      |                           |  |
| Route. If you do not have a residence address, describe the address  |  |   |   |  |                       |                                      |                           |  |
| at which you receive personal mail and location of residence.)   |  |   |   |  |                       |                                      |                           |  |
| 302 Hudson Apt. 102  |  |   |   |  |                       |                                      |                           |  |
| н  | ,  | -60   |   |  | 1                     |                                      | 710                       |  |
| CITY ST  | TATE ZI  |   | CITY  |  |                       | STATE                                | ZIP                       |  |
| San Antonio  | TX 7   | 8202  |   | , '  |                       |                                      |                           |  |
| PUBLIC EMAIL ADDRESS (If available)  | OCCUPATION   | ON (Do not lea                                    | ave blank)  | DATE OF BIRTH  |                       | VOTER REGIS                          | STRATION VUID             |  |
|  | an -   | eacher 09/20                                      |   |  | 1982                  | ,                                    |                           |  |
| Chrisgreen radio agmiller (enterphone gontact information (Optional)   |  |   | LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN |  |                       |                                      |                           |  |
| Home: 210-840-4245   | IN STATE IN TERRITORY FROM WHICH TH  OFFICE SOUGHT IS ELECTED <sup>3</sup> |   |   |  |                       | N WHICH THE                          |                           |  |
| 2 2 21 22 10 22 1 20 1   |  | 20  |   |  | year (s)              |                                      |                           |  |
| Work:  | 30 year (s)  |   |   |  | year (s)              |                                      |                           |  |
| Cell:  |  |   | month(s) month(s)   |  |                       |                                      |                           |  |
| If using a nickname as part of your name to that my nickname does not constitute a slo   | appear on the  | ballot, you a                                     | re also signii  | ng and swearing to t   | he follow<br>eligious | ving statements<br>view or affiliati | ion. I have been          |  |
| that my nickname does not constitute a slo<br>commonly known by this nickname for at le  | ogan nor does<br>ast three year  | s it indicate a                                   | election.   | continue, socially of .  |                       |                                      |                           |  |
|  |  |   |   | hristophe  | or /                  | Cores 1                              | ho heing by me            |  |
| Before me, the undersigned authority, on the here and now duly sworn, upon oath says:  |  |   |   |  | 1 6.                  | () I CEL                             | THO DOING BY THE          |  |
| Christopher County, Texas, being a   |  |   |   |  |                       |                                      |                           |  |
| cwear that I will slipport and deletin the constitution and laws I   |  |   |   |  |                       |                                      |                           |  |
| 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 the original 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 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 the United States eligible to hold such office under the constitution and the United States eligible to hold such office under the constitution and the United States eligible to hold such office under the constitution and the United States eligible to hold such office under the constitution and the United States eligible to hold such office under the constitution and the United States eligible to hold such office under the Constitution and the United States eligible to hold such office under the Constitution and the United States eligible to hold such office under the Constitution and the United States eligible to hold such of the United States eligible to hold such eligible to hold such eligible to hold such eligible to hold such eligible to hol |  |   |   |  |                       |                                      |                           |  |
| determined by a final judgment of a court exercising propage jurisdiction to be totally mentally menta |  |   |   |  |                       |                                      |                           |  |
| official action. I have not been determined partially mentally incapacitated without the   | right to vote.   | I am aware o                                      | f the nepoti  | sm law, Chapter 573  | 3, Govern             | ment Code.                           |                           |  |
| I further swear that the foregoing statemen  | ts included in   | my applicatio                                     | n are in all t  | hings true and corre   | ect."                 |                                      |                           |  |
| Trumer swear and size see and  |  | V   |   | Mustopher  | 1 Mno                 | 0M                                   |                           |  |
| 120  |  | Λ   |   | SIGNATURE O  |                       |                                      |                           |  |
|  | 107 00   | this the  | HAIO day  | of February 5  |                       | SYPI                                 | MARY E. ALVARAD           |  |
| Sworn to and subscribed before me at   | -01 PIV  | T this the  |   | 1000   |                       |                                      | SEMay Public, State of Te |  |
| 7 a annuada  |  | 1)  | Havy  | Applic   | ,                     |                                      | February 17, 2021         |  |
| Signature of Officer Administering Oath <sup>4</sup>   | -  | Title   | of Officer Ac   | Iministering Oath  | /                     | E OF THE                             | :D # 12680891-7           |  |
| TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:   |  |   |   |  |                       |                                      |                           |  |
| (See Section 1.007)  | Date Recei   | ///   |   | Signature of Secre   | tary                  | Vi. A                                |                           |  |
| Voter Registration Status Verified   | Date Nece  | IVEU  |   |  | •                     |                                      |                           |  |
| Voter Registration Status vermed   |  |   |   |  | 22.10                 |                                      |                           |  |