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Prescribed by Secretary of State
Section 141.031, Chapters 143 and 144, Texas Election Code
09/2021

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

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED A	S OPTIONAL ¹ Failure	to provide required	information i	may result in rej	ection of applicati	
APPLICATION FOR A PLACE ON THE NOV 8 76 22 GENERAL ELECTION 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						
1	=		- KINI			
District 5 City Representative FULL NAME (First, Middle, Last)		AME AS YOU WAN	T IT TO APPI	UNEXPIRED		
Isabel Salcido		Isabel Salcido				
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rura	al Route. If PUBLIC	PUBLIC MAILING ADDRESS (Optional) (Address for which you receive				
you do not have a residence address, describe location of residence.) 4012 Ticra Morera PC						
		CITY STATE ZIP			ZIP	
ET Paso TX 79	9938 CITY		11	11	15	
	Do not leave blank)					
which you receive campaign related emails, if available.) 41 Salci to for Flaso & 6 mail. Elected Official 09 123,85 NUMBER (Optional) 109446987					ional)	
TELEPHONE CONTACT INFORMATION (Optional)						
Home: Office: Cell: 915-330-/730						
FELONY CONVICTION STATUS (You MUST check one) LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN						
In the state of texas In territory/District/PRECIN						
I have been finally convicted of a felony, but I have been	34	_ year(s)	WHICH THE OFFICE SOUGHT IS ELECTED / 6 year(s)			
pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided		_S month(s)		8 month(s)		
proof of this fact with the submission of this application. ³						
*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) ISABEL SALLIDO, who						
being by me here and now duly sworn, upon oath says: "I, (name of candidate) ISabel Saludo, of ElPaso TX County, Texas,						
"I, (name of candidate) <u>LSABC</u> <u>SACO</u> , of <u>C17430</u> County, Texas, being a candidate for the office of <u>District</u> <u>SCity Representative</u> will 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."						
X , lsabel A. C. le						
SIGNATURE OF CANDIDATE						
Sworn to and subscribed before me this the 19 day of A	JEWST	2022 by	/SABEL	SALLI	DO	
(day)	(month)	(year)	(na	ime of candidat	e)	
2 100		ADRIAN	Maj	STINE		
Signature of Officer Authorized to Administer Oath ⁴	Pr	inted Name of Office	ADRIJAN IN NOTARY	PUBLIC	Oath	
NOTARY PUBLIC		((5))	ID# 1330			
Title of Officer Authorized to Administer Oath						
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE RECTURED FILING 13 (1) THE R						
CASH CHECK MONEY ORDER CASHIERS CHECK OR PETITION IN LIEU OF A FILING FEE.						
This document and \$ 250 filing fee or a nominating petition of pages received.						
08 19 12022 08 19 2027 (See Section 1.007)						
Date Received Date Accepted Signature of Filing Officer or Designee						