All information is REQUIRED to be provided unless indicated as optional.

| INDEPENDENT CANDIDATE'S APPLICATION FOR A PLACE ON THE MANSFIELD ISD GENERAL | | | | | | | | |
|--|---|----------|---|-----------------|--|-------------------------|-----------------|--|
| ELECTION BALLOT TO: Secretary of State/County Judge | | | | | | | | |
| 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 | | | | |
| Mansfield ISD. | ace L | FUI | | | L | UNEXPIRED | | |
| FULL NAME (First, Mi | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT | | | | | | | |
| Angela Monigue Amason PERMANENT RESIDENCE ADDRESS (Street address and apar | | | Angela Amason | | | | | |
| number. If none, descr | MAILING ADDRESS (If different from residence address) | | | | | | | |
| Box or Rural Rt.) | | | | | | | | |
| 1601 Towne Crossing Blvd. Apt 817 | | | | | | | | |
| CITY STATE ZIP | | | CITY | | STATE | ZIP | | |
| Manstield | lexas 76063 | | - L110 | DATE | OF DIDTH | COLDITY | PEGIDENGE | |
| email Address (Optional) OCCUPATION (Do | | | | | | | F RESIDENCE | |
| angela.amason@ssa.gov Federal Empl | | | · | | 4 / 1983 Tarrant | | | |
| TELEPHONE'NUMBER (Include area code) (Optional) OFFICE: 866 - 681 - 1405 × 1933 IN STATE IN COUNTY IN DISTRICT OR PRECINCT | | | | | | | | |
| | | IN STATE | | 17/2/1 | COUNTY | IN DISTRICT OR PRECINCT | | |
| номе: 903 - 503 - 8483 | | | $\frac{5}{9}$ yr(s) $\frac{8}{9}$ mos $\frac{7}{9}$ yr(| | s) $\frac{2}{2}$ mos $\frac{0}{2}$ yr(s) $\frac{9}{2}$ mos | | s) <u>9</u> mos | |
| 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 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. | | | | | | | | |
| Before me, the undersigned authority, on this day personally appeared (name) Angle A | | | | | | | | |
| I further swear that the foregoing statements included in my application are in all things true and correct | | | | | | | | |
| | | | | | | | | |
| X. Ingela Mmason | | | | | | | | |
| SIGNATURE OF CANDIDATE | | | | | | | | |
| Sworn to and subscribed before me at Administration, this the 8th day of February . 2019. SEAL | | | | | | | | |
| Signature of Officer administering Cath' Title of Officer administering oath | | | | | | | | |
| TO BE COMPLETED BY SECRETARY OF STATE OR COUNTY JUDGE: | | | | | | | | |
| (See Section 1.007) | ALISA YOUNG Notary ID #131108610 My Commission Expires April 28, 2021 | | Date R | 2019 eccived | Signat | ture of Receiving | Officer | |