2-26
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

| TE 1141 OUMPHION 12 REGOINED TO BE PROVID | ED UI | VLESS INDI | CATED A | AS OPTION | ALLESTING & | | | | | | |
|--|---|------------------------|--------------|------------------------------|--------------|--|---------------------------|--------------------------------|----------------------------|----------------------|--|
| APPLICATION FOR A PLACE | ON | THE Ald | line IS | D Board | of Truste | es provide re | equired | information | may result in | rejection of applica | |
| TO: City Secretary/Secretary of Board | | | | Innua of | -11 | | | | | ON BALLOT | |
| I request that my name be placed on th | e abo | ve-name | d officia | al hallot as | a candida | bu dan sha | ře | | 9 | | |
| OFFICE SOUGHT (Include any place num | nber | or other d | istingui | ishing nun | her if any | te for the c | office i | ndicated be | elow. | | |
| Aldine ISD Board of Trustees Posi | ition | 7 | .oc.i./Bai | isining ituit | iber, ir any | | CATE T | ERM | | | |
| FULL NAME (First, Middle, Last) | | | | | | INFYPIRED | | | | | |
| Steven Clay Moore | | | | | | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* Steven "Steve" Moore | | | | | |
| PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If | | | | | | DURILLE MANUAL ADDRESS (C | | | | | |
| you do not have a residence address, describe location of residence.) 12603 Northborough Dr | | | | | | PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) 100 Glenboough Dr Ste 1000 | | | | | |
| CITY | STA | STATE ZIP | | | CITY | | | te 1000 | | | |
| Houston | TX | | | | | | | | STATE | ZIP | |
| | 1 | | 77067 | | Houston | | | | TX | 77067 | |
| PUBLIC EMAIL ADDRESS (Optional) (Address which you receive campaign related emails, if available | LIC EMAIL ADDRESS (Optional) (Address for | | OCCUPATION (| | e blank) | DATE OF BIRTH | | | VOTER REGIS | TRATION VUID | |
| info@stevemooreforaisd.com | ampaismidided emails, it available i | | | | | | | NUMBER ² (Optional) | | | |
| TELEPHONE CONTACT INFORMATION (OP | SS OW | wner 12 / 12 / 1948 | | | | 1948 | 8 | | | | |
| Home: | LIVIII | - A | | | | | | | | | |
| FELONY CONVICTION STATUS (You MUST | -1- | Offic | e: | | | - | | Cell: (42 | 24) 303-2112 | 2 | |
| I have not been finally convicted of a | cnec | one) | | LENGTH | OF CONTIN | JOUS RESID | DENCE | AS OF DATE | THIS APPLICATI | ON WAS SWORN | |
| | | IN T | HE STATE C | F TEXAS | 1 | IN TERRITO | RY/DISTRICT/PRECINCT FROM | | | | |
| I have been finally convicted of a felony, but I have been | | | | | 31 , | | ear(s) WHICH TH | | E OFFICE SOUGHT IS ELECTED | | |
| pardoned or otherwise released from the resulting | | | | | <u>-01</u> | /ear(s) | | | 10 year(s) | | |
| disabilities of that felony conviction and I have provided proof of this fact with the submission of this application.3 | | | | | 8, | ionth(s) | | | D | | |
| *If using a nickname as part of your name to | on. | | | | | | | | | | |
| my nickname does not constitute a slogan | or co | ntaîn a tit | la nor | you are als | o signing a | nd swearing | g to the | e following s | tatements: I f | urther swear that | |
| my nickname does not constitute a slogan been commonly known by this nickname fo Election Code regarding the rules for how n | r at l | east three | Vears n | uves It IIIQ rior to thic | cate a poir | tical, econo | omic, s | ocial, or reli | gious view or a | affiliation. I have | |
| Election Code regarding the rules for how n | ames | may be li | sted on | the officia | I hallot | rease revier | w secti | ions 52.031, | 52,032 and 52 | .033 of the Texas | |
| | | | | | | Chaus | 01- | | | | |
| Before me, the undersigned authority, on the being by me here and now duly sworn, upo | n oat | iy personai h cavc: | ily appe | eared (nam | e of candid | ate) Steve | en Cia | y Moore | | who | |
| "I. (name of candidate) Steven Clay Mo | ore | | | | . Harris | ś | | | | | |
| being a candidate for the office of Aldir | ne IS | D Board | Trueto | on Doniti | of Harris | | | | County | , Texas, | |
| aws of the United States and of the State of | of Tox | or James | nuste | es Positi | on / | , swear tha | at I wil | l support ar | nd defend the | Constitution and | |
| aws of the United States and of the State of this state. I have not been determined by a | i fina | ds. Fam a Liudamont | citizen | of the Unit | ed States e | ligible to h | old suc | th office und | ler the constitu | ition and laws of | |
| mentally incapacitated without the right to | vote | I am awa | re of th | D Donation | ung propati | 2 Jurisaictio | on to b | e totally me | ntally incapaci | tated or partially | |
| iny prior felony conviction, and if so conviction, and if so conviction, I am awar | ted, n | nust provid | le proof | f that I hav | e heen nar | ter 5/3, Go | overnm | ent Code. | am aware tha | nt I must disclose | |
| ny such final felony conviction. I am award tatus constitutes a Class B misdemeanor. I | e tha | t knowingi | v provid | ding false i | nformation | on the an | uierwis | e released t | rom the result | ing disabilities of | |
| tatus constitutes a Class B misdemeanor. I | furth | er swear th | hat the | foregoing | tatements | included in | ymcaut I miv an | ni regarding | my possible t | elony conviction | |
| | | | | V | 11 | diadea (i) | iniy ab | ihiiramosi as | an things th | 'ue and correct." | |
| | | | | X | Man | ner (| 1 | The | 200 | | |
| | | | | SI | GNATURE | OF CAND | IDATE | 1100 | ww | | |
| worn to and subscribed before me this the | 9 | day of | A | ugust | | | | | v. Manua | | |
| | (day | | | month) | | | by | teven Cla | | | |
| | | • | , | viist) | | (year) | |) (nar | ne of candidate | 2) | |
| | | | _ | | · (| JN6 | | 1 an | 00 | | |
| ignature of Officer Authorized to Administe | er Oat | h ⁴ | - | - | Printe | d Name of | Office | r Authorized | to Administer | Oath | |
| Notary Public | | 4 | TARY | PUR CH | IERI LYNN L | | | 1 | | | |
| itle of Officer Authorized to Administer Oat | | | (XA | No No | tary ID #25 | ggiggoriai 👂 | r Offic | 12 7021 | | expires | |
| O RF COMPLETED BY SHARE OFFICE | n | 9 | 13/0 | 1. 1. 1. 1. | | | | | tober T, | 2023 | |
| O BE COMPLETED BY FILING OFFICER: TI | HIS A | PPLICATIO | ANSWA | ECOMPA | HEDBYTH | €2REQUI | ED FILI | | Applicable) PA | AID BY: | |
| CASH CHECK MONEY ORDER Chis document and \$ filing fee | J CA: | DUIEKO CH | ECK OH | (L PETI | ION IN ITE | DI DIE A-SIL | ING FE | E. | gistration Sta | | |
| | | | - | | | | - | - sore: We | Bistratiou 2£9, | tus verified | |
| oto Positival | /_ | | (See | Section 1. | 007) | | | | | | |
| Date Received Date Accepted | d | | | | Sig | nature of | Filing C | Officer or De | esignee | | |