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 AS OPTIONAL. Failure to provide required information may result in rejection of application.

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.)
At Large Position 9

FULL NAME (First, Middle, Last)
Heather Toolin

PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*
Heather Toolin

PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.)

PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)

CITY Austin
STATE TX
ZIP 78731

OCCUPATION (Do not leave blank)
Interior Designer

DATE OF BIRTH

VOTER REGISTRATION NUMBER (Optional)

OCCUPATION (Do not leave blank)

TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:

☐ CASH ☐ CHECK ☐ MONEY ORDER ☐ CASHIERS CHECK OR ☐ PETITION IN LIEU OF A FILING FEE.

This document and $____ filing fee or a nominating petition of ___ pages received.

☐ Voter Registration Status Verified

(See Section 1.007)

Date Received Date Accepted Signature of Filing Officer or Designee

__________________________
Signature of Officer Authorized to Administer Oath

__________________________
Title of Officer Authorized to Administer Oath