2-21

	÷			41103		TV AI ^S É	<u>ប្រែព</u> ្រ141.031,	Prescr Chapters 143 and	ibed by Secretary of State 1 144, Texas Election Code 12/2015	
All information is required to be provided	unless indi	rated ar	ontional	AUST		11 ULE N/ED	πħ		12/2015	
APPLICATION FOR A PLACE				tin	RECE	IAFD	GENER		ON BALLOT	
TO: City Secretary/Secretary of Board 2016 AUG 18 FM 12 07										
I request that my name be placed on the	above-nar	ned off	icial ballot as	a candidate	for the d	office indic	ated belo	w.		
OFFICE SOUGHT (Include any place numl										
Austin City Council, District 4										
FULL NAME (First, Middle, Last)				PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT						
Gregorio Eduardo Casar				Gregorio "Greg" Casar						
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.)					PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)					
300 W Skyview Rd.				PO Box 2391						
CITY	STATE	ZIF	>	CITY				STATE	ZIP	
Austin		₇	0757	Austin				тх	78768	
Austin PUBLIC EMAIL ADDRESS (If available)	TX 78752 able) OCCUPATION (Do not le			Austin ave blank) DATE OF BIRTH			VOTER REGISTRATION VUID NUMBER (Optional) ¹			
			ncil Member 05 / 04 / 1989					1144788688		
TELEPHONE CONTACT INFORMATION (C	Optional)		LENGT						TION SWORN	
Home:				IN STATE IN TERBITORY ELECTED FROM						
Work:			year (s)					$\frac{\partial}{\partial x}$ year (s)		
Cell:			month(s)				month(s)			
If using a nickname as part of your name that my nickname does not constitute a commonly known by this nickname for a	a slogan no	or does	it indicate a	political, ec						
Before me, the undersigned authority, o here and now duly sworn, upon oath say	n this day p		· •	~	Gregoria	o Casar			who being by me	
"I, (name) <u>Gregorio Casar</u> candidate for the office of <u>Austin City C</u> of the United States and of the State of this state. I have not been finally convict official action. I have not been determin	ted of a fel	n a citize ony for	which I have	ed States e not been pa	ligible to Irdoned	hold such or had my	office und full rights	efend the Co der the cons of citizenshi	p restored by other	
partially mentally incapacitated without										
I further swear that the foregoing statem	nents inclue	ded in n	ny application	n are in all tl	nings true	e and corri	ect."	$ \longrightarrow $)	
			X		X	NATURE C		ATC		
Sworn to and subscribed before me at A	المستعا		this the	18TH Day		NATURE C	2016			
	NAL IN		, uns une _			<u>102</u> 0	-2010	·	SEAL	
Signature of Officer Administering Oath ²			Title of	AR F	UBLIC ministeri	ng Oath			ROBERTO ACOSTA lotary Public, State of Te Comm. Explices 04-21-20	
TO BE COMPLETED BY CITY SECRETARY C (See Section 1.007)		ARY OF I			Hun	No		THE OF TRAINING	Notary ID 13019853	
Voter Registration Status Verified	Date	Receiv	ed		Signatur	re of Secre	tary			

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