Prescribed by Secretary of State  Section 141.031, Chapters 143 and 144, Texas Election Cod  ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL								
			f Austin	THE PARTY OF THE P				
TO: City Secretary/Secretary of Board								
I request that my name be placed on the								
OFFICE SOUGHT (Include any place num	ber, if any.)							
Council Member, Dis	strict 10					FULLOGO REC	EIVED AT	
FULL NAME (First, Middle, Last)				PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT				
Robert Dartanian Thomas			Robert Thomas					
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.)					
6800 Glen Ridge Drive								
CITY	STATE	ZIP	CITY			STATE	ZIP	
Austin	Texas	78731						
PUBLIC EMAIL ADDRESS (If available)	OCCUPA	ATION (Do not lea	not leave blank) DATE OF BIRTH			VOTER REGI	STRATION VUID ptional) <sup>2</sup>	
Attorney			12 / 4 /1966					
TELEPHONE CONTACT INFORMATION (C		NUOUS RESIDENC						
Home:			IN STATE IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED <sup>3</sup>					
Work:			<b>53</b> ye	ear (s)		30 year (s)		
Cell: 1990			month(s)		month(s)			
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) Robert D. Thomas , who being by me here and now duly sworn, upon oath says:								
"I, (name) Robert D. The candidate for the office of Counce of the United States and of the State of this state. I have not been finally convict official action. I have not been determine partially mentally incapacitated without the care of the c	Cil Member Texas. I am a control of a felony ed of a felony ed by a final ju	for which I have udgment of a cou	ed States eli not been pa irt exercising	rdoned or had my g probate jurisdict	oort and den office und full rights ion to be to	efend the Cons der the constitution of citizenship rotally mentally	ution and laws of restored by other	
I further swear that the foregoing statem	ents included	in my application $old X$	are in all th	ings true and corr	rect."			
SIGNATURE OF CANDIDATE								
Sworn to and subscribed before me at Austru, TX, this the 14 day of August, 2020								
SEAL notary DIM WALKER								
				ninistering Option	N PUST	JOHN WALK ary Public, State		
TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD: (See Section 1.007)  Comm. Expires 05-03-2023 Notary ID 132001689								
	Date Red	ceived		Signature of Secre	etary	The state of the s	Andrew States had	

Voter Registration Status Verified