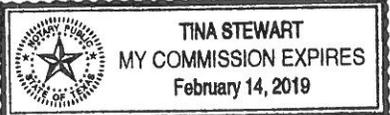
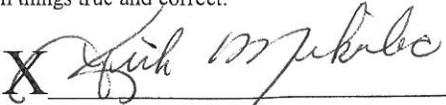
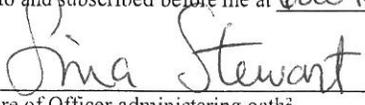
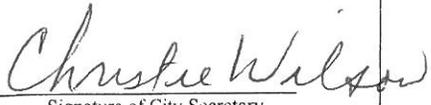


All information is required to be provided unless indicated as optional.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                                                |                                                                          |                                                                                                                      |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----|
| <b>APPLICATION FOR A PLACE ON THE CITY OF <u>The Colony</u> GENERAL ELECTION BALLOT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                                                |                                                                          |                                                                                                                      |     |
| TO: City Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                                                |                                                                          |                                                                                                                      |     |
| 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.<br><u>City Council Place 1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                                                |                                                                          | INDICATE TERM<br><input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED                         |     |
| FULL NAME (First, Middle, Last)<br><u>Kirk Mikulec</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT<br><u>Kirk Mikulec</u> |                                                                                                                      |     |
| PERMANENT RESIDENCE ADDRESS (Street address and apartment number. If none, describe location of residence. Do not include P.O. Box or Rural Rt.)<br><u>5925 Cypress Cove</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                                                | MAILING ADDRESS (If different from residence address)                    |                                                                                                                      |     |
| CITY<br><u>The Colony</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STATE<br><u>TX</u> | ZIP<br><u>75056</u>                                                                                            | CITY                                                                     | STATE                                                                                                                | ZIP |
| EMAIL ADDRESS (Optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | OCCUPATION (Do not leave blank)<br><u>Account Manager</u>                                                      | DATE OF BIRTH<br><u>10/20/62</u>                                         | VOTER REGISTRATION VOID NUMBER (if applicable)<br><u>475955</u>                                                      |     |
| TELEPHONE NUMBER (Include area code) (Optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | Length of Continuous Residence as of Date Application Sworn                                                    |                                                                          |                                                                                                                      |     |
| OFFICE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    | IN STATE<br><u>37</u> yr(s)                                                                                    | IN CITY<br><u>17</u> yr(s)                                               | IN DISTRICT OR PRECINCT<br><u>17</u> yr(s)                                                                           |     |
| HOME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    | <u>   </u> mos                                                                                                 | <u>4</u> mos                                                             | <u>4</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) <u>Kirk Mikulec</u> , who being by me here and now duly sworn, upon oath says: "I, (name) <u>Kirk Mikulec</u> , of <u>Denton</u> County, Texas, being a candidate for the office of <u>City Council Place 1</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the Constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. |                    |                                                                                                                |                                                                          |                                                                                                                      |     |
| I further swear that the foregoing statements included in my application are in all things true and correct."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                                                |                                                                          |                                                                                                                      |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    | <br>SIGNATURE OF CANDIDATE |                                                                          |                                                                                                                      |     |
| Sworn to and subscribed before me at <u>6800 Main St.</u> , this the <u>27th</u> day of <u>July, 2015</u> , 2015.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                |                                                                          |                                                                                                                      |     |
| <br>Signature of Officer administering oath <sup>2</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    | <u>notary</u><br>Title of Officer administering oath                                                           |                                                                          |                                                                                                                      |     |
| TO BE COMPLETED BY CITY SECRETARY:<br>(See Section 1.007)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                                                |                                                                          |                                                                                                                      |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                                                | <u>7-27-15</u><br>Date Received                                          | <br>Signature of City Secretary |     |