

via email: amir@amiromar.com

January 17, 2025

Amir Omar 3207 Pond View Dr. Richardson, TX 75082

Re: Review of Candidate Application & Petition

Candidate Omar,

The City Secretary's Office has reviewed your Application for Place on the City of Richardson Ballot for Richardson Mayor Place 7 and the accompanying Petition for Place on the Ballot. We have determined that your application and petition meet the requirements and you are eligible to run for this office.

Our review consists of a determination of whether your application and petition comply with the requirements as to form, content, and procedure that it must satisfy for a candidate's name to be placed on the ballot according to the Texas Election Code and the City of Richardson Charter.

Although we have determined that your application and petition meet the requirements, this determination does not preclude a subsequent determination if your application or petition should be challenged under the appropriate provisions in the Texas Election Code.

Please contact our office if you have any questions. As a reminder, please reference your Candidate Packet for important dates and information regarding the Election.

Sincerely,

Aimee Nemer, TRMC, MMC

lime Temer

City Secretary

Prescribed by Secretary of State Section 141.031, Chapters 143 and 144, Texas Election Code 09/2023



# APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION OF RICHARDSON FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION City Secretary's Office

| ILL INFORMATION IS REQUIRED TO BE PROVIDED ON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LESS INDICATED AS OF   | PHONAL Failure to     | provide required                                     | Intollitation    | may result in re        | jection or applicatio |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|------------------------------------------------------|------------------|-------------------------|-----------------------|
| APPLICATION FOR A PLACE ON T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | HECi                   | ty of Richards        | son                                                  | GENER            | AL ELECTIO              | N BALLOT              |
| TO: City Secretary/Secretary of Board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        | me of election)       |                                                      |                  |                         |                       |
| I request that my name be placed on the abo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                       |                                                      |                  | low.                    |                       |
| OFFICE SOUGHT (Include any place number of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | or other distinguishir | ng number, if any.)   | ) INDICATE                                           | TERM             |                         |                       |
| Mayor - Place 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                       | FULL                                                 | ,                | UNEXPIRED               |                       |
| FULL NAME (First, Middle, Last)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | PRINT NAM             | ME AS YOU WA                                         | NT IT TO APP     | EAR ON THE BA           | ALLOT*                |
| 1 1 1 1 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TION                   | 1 1                   | <b>A</b>                                             |                  |                         |                       |
| Hmie , Mohamad , Ome                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -                      | Hm.                   | r Uma                                                |                  |                         |                       |
| PERMANENT RESIDENCE ADDRESS (Do not include                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                       | AILING ADDRES                                        |                  |                         | h you receive         |
| you do not have a residence address, describe location 3207 Pond View                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Dr                     |                       | elateu correspond                                    | ence, n availab  |                         | ·                     |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ATE ZIP                | CITY                  |                                                      |                  | STATE                   | ZIP                   |
| Richardson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Tx 750                 | 82                    |                                                      |                  |                         |                       |
| PUBLIC EMAIL ADDRESS (Optional) (Address for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OCCUPATION (Do r       | not leave blank)      | DATE OF BIRT                                         | H                |                         | TRATION VUID          |
| which you receive campaign related emails, if available.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | S 11.                  | · Dearidas            | t 10106                                              | 11971            | NUMBER <sup>2</sup> (Op | itional)              |
| amira amiramar. com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Senier Vice            | E Leesidan            | 1 10 1 08                                            | 11111            |                         |                       |
| TELEPHONE CONTACT INFORMATION (Optional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                       |                                                      | 0.11. 1          | 14-649                  | -8335                 |
| Home:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Office:                | ENGTH OF CONTINU      | IOUS DESIDENC                                        |                  |                         |                       |
| FELONY CONVICTION STATUS (You MUST chec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        | IN THE STATE C        |                                                      |                  |                         | RECINCT FROM          |
| I have not been finally convicted of a felor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1                      | Total Control         |                                                      |                  | OFFICE SOUGH            |                       |
| I have been finally convicted of a felony, b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        | 42                    | year(s)                                              |                  |                         | ear(s)                |
| pardoned or otherwise released from the disabilities of that felony conviction and I h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | _                     |                                                      |                  |                         |                       |
| proof of this fact with the submission of th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        | ~                     | month(s)                                             |                  | <b>_</b> _m             | onth(s)               |
| *If using a nickname as part of your name to ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | pear on the ballot, yo | u are also signing a  | nd swearing to                                       | the following    | statements:   f         | urther swear that     |
| my nickname does not constitute a slogan or c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ontain a title, nor do | es it indicate a poli | itical, economic                                     | , social, or rel | igious view or a        | affiliation. I have   |
| been commonly known by this nickname for at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                       | Please review se                                     | ctions 52.031    | , 52.032 and 52         | .033 of the Texas     |
| Election Code regarding the rules for how name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | s may be listed on th  | e official ballot.    | N                                                    | _                |                         |                       |
| Before me, the undersigned authority, on this d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | ed (name of candid    | ate) <del>                                    </del> | - Omar           | <u> </u>                | who                   |
| being by me here and now duly sworn, upon oa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | th says:               |                       | allia                                                |                  |                         |                       |
| , (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nor                    | of                    | Com                                                  |                  |                         | y, Texas,             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | yor Place              |                       |                                                      |                  |                         | Constitution and      |
| laws of the United States and of the State of Te this state. I have not been determined by a fin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | xas. I am a citizen of | the United States     | eligible to hold :                                   | such office ur   | ontally incapac         | itated or partially   |
| mental vincepositated without the mental                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | at judgment of a coul  | nenotism law. Chai    | nter 573. Gover                                      | nment Code.      | I am aware th           | at I must disclose    |
| any pride follows any iction and the new field                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | must provide proof t   | hat I have been par   | rdoned or other                                      | wise released    | from the result         | ting disabilities of  |
| any such final falony/conviction. I am aware th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | iat knowingly providii | ng faise informatio   | n on the applica                                     | ation regardir   | ng mly possible         | reiony conviction     |
| status constitutes a class B misrer exp. 08/28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ber swear that the fo  | regoing statements    | s included in my                                     | application a    | re in all things t      | true and correct."    |
| NOTARY ID 1171208                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3                      | Y //                  | tru (                                                | man              | <u></u> ,               |                       |
| Constitution of the Consti |                        |                       |                                                      | 1100             | 77-                     |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                       | E OF CANDIDA                                         | A .              |                         |                       |
| Sworn to and subscribed before me this the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ay of                  | many 2                | <b>25</b> by                                         |                  |                         |                       |
| (d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ay) (n                 | nonth)                | (year)                                               | (n               | ame of candida          | te)                   |
| Channe Name !                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                       | Almas 1                                              | kmer             | ~                       |                       |
| Signature of Officer Authorized to Administer O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ath <sup>4</sup>       | Prin                  | ted Name of Of                                       | ficer Authoriz   | ed to Administe         | er Oath               |
| C a C de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        | 2.                    |                                                      |                  |                         |                       |
| the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                       | Notarial or C                                        | official Seal    |                         |                       |
| Title of Officer Authorized to Administer Oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                       |                                                      |                  |                         | DAID DV               |
| TO BE COMPLETED BY FILING OFFICER: THIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                       |                                                      |                  | it Applicable) l        | PAID BY:              |
| CASH CHECK MONEY ORDER C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                       |                                                      |                  |                         |                       |
| This document and \$ filing fee or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | a nominating petitio   | n of pages            | s received.                                          |                  | Registration St         | atus Varified         |
| I I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                       |                                                      |                  |                         | atus vermeu           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 15                   | Section 1.007)        |                                                      |                  | <b>-6</b>               | atus vermeu           |



2-51 Prescribed by Secretary of State Sections 141,063, 141.065, 141,066 Texas Election Code 12/2023

# PETITION FOR A PLACE ON THE BALLOT FOR A LOCAL POLITICAL SUBDIVISION PETITION IN LIEU OF A FILING FEE FOR A LOCAL POLITICAL SUBDIVISION

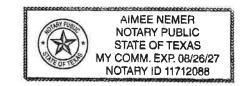
Name of Circulator Am: Omac
Page L of 7

(PETICIÓN PARA UN CARGO OFICIAL PARA UN LUGAR EN LA BOLETA y/o PETICIÓN PRESENTADA EN SUSTITUCIÓN DEL PAGO DE INSCRIPCIÓN)

Signing the petition of more than one candidate for the same office in the same election is prohibited.

(Se prohibe firmer la petición de más de un candidato para el mismo puesto oficial en la misma elección.)

|                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                         |                                           | The second control of  |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|--|--|--|
| COMPLETE ALL BLANKS (LLENE TODOS LOS ESPACIOS EN BLANCO) Instructions and Footnotes on Back. (Al Dorso: Instrucciones y Anotaciones)                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |  |  |  |  |
|                                                                                                                                                                                                                                                | , , ,                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | y of Richardson        | for the office indicated bel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |  |  |  |  |
| Por la p                                                                                                                                                                                                                                       | Por la presente se le solicita que incluya el nombre indicado a continuación en la boleta de la próxima elección de Nombre de la subdivisión política local de) para el cargo indicado a continuación.                                                                                                                                                                                  |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |  |  |  |  |
| Name (Nombre                                                                                                                                                                                                                                   | e) Amir Omar                                                                                                                                                                                                                                                                                                                                                                            | Addre                                     | ss (Dirección) 3207 Pond View Dr-Richards Det                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ice Sought (Puesto     | oficial solicitado)2 Mayo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | r-Place 7                  |  |  |  |  |
| Date Signed                                                                                                                                                                                                                                    | Signature                                                                                                                                                                                                                                                                                                                                                                               | Printed Name                              | Residence Address (Including City, Texas, Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | County                 | Voter VUID Number <sup>3</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date of Birth <sup>3</sup> |  |  |  |  |
| (Fecha de Firma)                                                                                                                                                                                                                               | (Firma)                                                                                                                                                                                                                                                                                                                                                                                 | (Nombre en letra de molde)                | (Dirección de Residencia (Incluye Ciudad, Estado, Código Postal))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Condado)              | (Núm. de VUID de Votante)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Fecha de Nacimiento)      |  |  |  |  |
| 18/25                                                                                                                                                                                                                                          | Dana Sheppind                                                                                                                                                                                                                                                                                                                                                                           | Dana Shapperd                             | 2402 Coster Pluy, Richardson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Dellers                | 1081972300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2/29/63                    |  |  |  |  |
| 1/8/25                                                                                                                                                                                                                                         | Ansen                                                                                                                                                                                                                                                                                                                                                                                   | Amy Benis                                 | 198 Loganwood The Richardson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Dallas                 | 1154836343                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 11/19/19                   |  |  |  |  |
| 1 P 25                                                                                                                                                                                                                                         | 12 Prais                                                                                                                                                                                                                                                                                                                                                                                | KEVIN BLAKE                               | 60 25 HADTWOOD W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DALLAS                 | 1082460650                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12/14/68                   |  |  |  |  |
| 1/8/25                                                                                                                                                                                                                                         | So wester                                                                                                                                                                                                                                                                                                                                                                               | Shawn Devtd                               | 918 Melrose Dr, Richardson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Dallas                 | 1078118708                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6/8/71                     |  |  |  |  |
| 1/8/25                                                                                                                                                                                                                                         | Thuylast min                                                                                                                                                                                                                                                                                                                                                                            | PAMELA Rodgen                             | 3511 NEWELLEN DR. RICHARDEON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Collin                 | 1078391627                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8/10/57                    |  |  |  |  |
| 1/8/25                                                                                                                                                                                                                                         | Berti 3 Sis                                                                                                                                                                                                                                                                                                                                                                             | Berta B. Siscm                            | ore 1701 N. Vale Bled, Richardson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Dallas                 | 1083037004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1/14/62                    |  |  |  |  |
| 1/11/25                                                                                                                                                                                                                                        | JUS                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |  |  |  |  |
| 1/11/25                                                                                                                                                                                                                                        | CHARA                                                                                                                                                                                                                                                                                                                                                                                   | Justin Neth                               | 425 Pleasant Valley Ln Richard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | on Collin              | 1172012682                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7/21/92                    |  |  |  |  |
| VIIIAS                                                                                                                                                                                                                                         | MALE                                                                                                                                                                                                                                                                                                                                                                                    | welte Turn                                | - 1/2 N los In Richards TX75081                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dullas                 | 1088176798                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4/21/86                    |  |  |  |  |
| 1/11/25                                                                                                                                                                                                                                        | Patricia Gull                                                                                                                                                                                                                                                                                                                                                                           | Patricia Griffia                          | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Collin                 | 1075181071                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4/4/1246                   |  |  |  |  |
|                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                         |                                           | FIDAVIT OF CIRCULATOR (DECLARACIÓN JURADA DEL CIRCULADOR) 🔭 🍃                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        | CONTROL THE ADMINISTRATION OF THE PROPERTY OF | AT 10 55 0. 01             |  |  |  |  |
|                                                                                                                                                                                                                                                | (ESTADO DE TEJAS) COUNTY OF (                                                                                                                                                                                                                                                                                                                                                           |                                           | BEFORE ME, the undersigned, on this/15/s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |  |  |  |  |
|                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                         |                                           | ) – (nombre de la persona que hizo circular la petición) who being duly sworn, d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | <del>-</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |  |  |  |  |
|                                                                                                                                                                                                                                                | 3                                                                                                                                                                                                                                                                                                                                                                                       | _                                         | ne petition. I witnessed the affixing of each signature. The correct date of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                          |  |  |  |  |
| status and believe that each signature is the genuine signature of the person whose name is signed and that the corresponding information for each signer is correct." (quien, habiendo prestado el juramento correspondiente, declaró y dijo: |                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |  |  |  |  |
|                                                                                                                                                                                                                                                | "Llamé la atención de cada firmante sobre la declaración citada y se la lei antes de que la suscribiera. Atestigüé cada firma, y la fecha correcta de las firmas consta en la petición. Verifiqué la situación de cada firmante en lo concerniente a su inscripción y creo que cada firmante.") SWORN TO AND SUBSCRIBED BEFORE ME THIS DATE (JURADO Y SUSCRITO ANTE MI, CON ESTA FECHA) |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |  |  |  |  |
| 110 400 0000                                                                                                                                                                                                                                   | The same as to persona caye                                                                                                                                                                                                                                                                                                                                                             | - I spareary minary que son exa           | The state of the s |                        | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ,                          |  |  |  |  |
| x /                                                                                                                                                                                                                                            | in man                                                                                                                                                                                                                                                                                                                                                                                  | X Chrise                                  | x C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | the Seco               | Official SEAL (SELLO No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | turiui u Ojiciai)          |  |  |  |  |
| Signature of Cir                                                                                                                                                                                                                               | culator (Firmo de la persona que hizo circ                                                                                                                                                                                                                                                                                                                                              | ular la petición) Signature of Officer Ad | Iministering Oath (Firma del/de la funcionario(a) que le tomó juramento)  Title of C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | fficer Administering ( | Dath (Table) oficial del/de la funcionario                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (a) que le tomó juramento) |  |  |  |  |
|                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                         | INICTRICTI                                | ONE AND ECOTNOTES ON BACK (ALDORSO, INSTRUCCIONES Y ANGTACIONES)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |  |  |  |  |



2-51 Prescribed by Secretary of State Sections 141.063, 141.065, 141.066 Texas Election Code 12/2023

#### PETITION FOR A PLACE ON THE BALLOT FOR A LOCAL POLITICAL SUBDIVISION and/or PETITION IN LIEU OF A FILING FEE FOR A LOCAL POLITICAL SUBDIVISION

i age

Name of Circulator Amir Omgr Page 2 of 7

(PETICIÓN PARA UN CARGO OFICIAL PARA UN LUGAR EN LA BOLETA y/o PETICIÓN PRESENTADA EN SUSTITUCIÓN DEL PAGO DE INSCRIPCIÓN)

Signing the petition of more than one candidate for the same office in the same election is prohibited. (Se prohibe firmar la petición de más de un candidato para el mismo puesto oficial en la misma elección.)

| COMPLETE ALL BLANKS (LLENE TODOS LOS ESPACIOS EN BLANCO) Instructions and Footnotes on Back. (Al Dorso: Instrucciones y Anotaciones)                                                                    |                                                                          |                                  |              |                  |                    |                         |                         |             |                      |                                                                      |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------|--------------|------------------|--------------------|-------------------------|-------------------------|-------------|----------------------|----------------------------------------------------------------------|----------------------------|
| You are hereby requested to place the name indicated below on the ballot for the next election for the (Name of the Local Political Subdivision of) City of Richardson for the office indicated below.  |                                                                          |                                  |              |                  |                    |                         |                         |             |                      |                                                                      |                            |
| Por la presente se le solicita que incluya el nombre indicado a continuación en la boleta de la próxima elección de (Nombre de la subdivisión política local de) para el cargo indicado a continuación. |                                                                          |                                  |              |                  |                    |                         |                         |             |                      |                                                                      |                            |
| Name (Nombr                                                                                                                                                                                             | el Amir Omar                                                             | ~                                | Addres       | S (Dirección)    | 3207               | Pond View               | Dr Richardson           | Offic       | e Sought (Puesto     | oficial solicitado)2 Moyo.                                           | roPlace 7                  |
| Date Signed                                                                                                                                                                                             | Signature                                                                | Printed Name                     |              |                  |                    | ing City, Texas, Z      |                         |             | County               | Voter VUID Number <sup>3</sup>                                       | Date of Birth <sup>3</sup> |
| (Fecha de Firma)                                                                                                                                                                                        | (Firma)                                                                  | (Nombre en letra de molde)       |              | (Dirección de Re | rsidencia (Incluye | Ciudad, Estado, Códi    | go Postal))             |             | (Condado)            | (Núm. de VUID de Votante)                                            | (Fecha de Nacimiento)      |
| 1/10/25                                                                                                                                                                                                 | Ruhal Morrow                                                             | RICHARD MOR                      | ROW          | 4717             | ANGE               | FIRE D                  | R. Richard              | son         | Collin               | 1080192081                                                           | 12/19/1990                 |
| 1/10/25                                                                                                                                                                                                 | LaRett Moun                                                              | LaRoth Mora                      | 600          | 471              | 7 an               | gel Fire                | De Richards             | SON         | Collies              | 1080192099                                                           | 2/26/1943                  |
| 1/10/25                                                                                                                                                                                                 | Menos                                                                    | meredithe 6                      | Abry         | 309              | 8 Sh               | ady Hi                  | 11 DR Richa             | Non         | Collin               | 1209986413                                                           | 45/1973                    |
| 1/11/25                                                                                                                                                                                                 | 200                                                                      | JESSI UPSHAI                     | $\omega^{-}$ | 427              | BEDF               | ORD DR                  | RICHARDS                | S           | DALLAS               | 1088873608                                                           | 6/5/1982                   |
| 1/11/25                                                                                                                                                                                                 | Olipay                                                                   | Alika Ray                        |              | 3201             | Pond.              | View Dr                 | Kichardson              | 1           | Collin               | 1196427929                                                           | 3/10/1980                  |
| 1/11/25                                                                                                                                                                                                 | Kell                                                                     | Vandace Walt                     | er           | 1170c            | eaut               | nve, R                  | chardson                |             | Dallas               | 1079180177                                                           | 8/28/1979                  |
| 1/11/25                                                                                                                                                                                                 | Tanufact of Con                                                          | PAMERAK                          | odsec        | 3511             | NEW                | HARALA                  | DR GINAR                | 2155        | Collin               | 1078391627                                                           | 08/10/1957                 |
| HA 18                                                                                                                                                                                                   | San Donat                                                                | T                                | /            |                  |                    |                         |                         |             |                      | /s                                                                   | / /                        |
| 1/11/25                                                                                                                                                                                                 | Jano W Podes                                                             | James WRoe                       | Bear         | 3511 1           | Newh               | aven D                  | C. Richardson           | N.          | Collin               | 1083441718                                                           | 13/1951                    |
| 1/15/25                                                                                                                                                                                                 | Laudspite                                                                | Tim Hudspet                      |              |                  |                    |                         | Lichardson, T           | X           | Collin               | 1167187557                                                           | 7/7/1955                   |
|                                                                                                                                                                                                         |                                                                          |                                  | AFF          | IDAVIT OF CIR    |                    |                         | DA DEL CIRCULADOŔ)ª     |             | Contraction          |                                                                      | , ,                        |
|                                                                                                                                                                                                         | S (ESTADO DE TEJAS) COUNTY OF (                                          |                                  |              |                  |                    | •                       |                         |             |                      | ppeared (ANTE MI, el/la suscrito(                                    |                            |
| compareció)                                                                                                                                                                                             | , (nar<br>I read them to the signer before t                             |                                  |              |                  |                    |                         |                         |             |                      | alled each signer's attention to                                     |                            |
| statements and                                                                                                                                                                                          | i read them to the signer before t<br>eve that each signature is the gen | ne signer attixed their signa    | ture to th   | e petition, 1 w  | and that the       | arrixing or each si     | formation for each sign | nar is cor  | gning is snown on ti | ne petition. I vermed each sigi<br>do prestado el juramento correspo | ner s registration         |
|                                                                                                                                                                                                         | on de cada firmante sobre la declarac                                    |                                  |              |                  |                    |                         |                         |             |                      |                                                                      |                            |
|                                                                                                                                                                                                         | ma es la auténtica de la persona cuyo                                    |                                  |              |                  |                    |                         |                         |             |                      |                                                                      |                            |
|                                                                                                                                                                                                         |                                                                          |                                  |              |                  |                    |                         |                         |             |                      | Official SEAL (SELLO No                                              |                            |
| X                                                                                                                                                                                                       |                                                                          | X                                |              |                  |                    |                         | Х                       | (           |                      |                                                                      |                            |
| Signature of Cir                                                                                                                                                                                        | rculator (Firma de la persona que hizo circ                              | ular la petición) Signature of C | Officer Ad   | ministering Oa   | ath (Firma del/de  | la funcionario(a) que l | e tomó juramento) Tit   | itle of Off | icer Administering ( | Dath (Título oficial del/de la funcionario                           | (a) que le tomó juramento) |
|                                                                                                                                                                                                         |                                                                          |                                  | STRUCTIO     | NS AND FOOT      | NOTES ON BA        | ACK (AL DORSO: IN       | STRUCCIONES Y ANOTACI   |             |                      |                                                                      |                            |

2-51 Prescribed by Secretary of State Sections 141,063, 141,065, 141,066 Texas Election Code 12/2023

## PETITION FOR A PLACE ON THE BALLOT FOR A LOCAL POLITICAL SUBDIVISION and/or PETITION IN LIEU OF A FILING FEE FOR A LOCAL POLITICAL SUBDIVISION

Name of Circulator Amir Omar
Page 3 of 7

(PETICIÓN PARA UN CARGO OFICIAL PARA UN LUGAR EN LA BOLETA y/o PETICIÓN PRESENTADA EN SUSTITUCIÓN DEL PAGO DE INSCRIPCIÓN)

Signing the petition of more than one candidate for the same office in the same election is prohibited.

(Se prohibe firmar la petición de más de un candidato para el mismo puesto oficial en la misma elección.)

|                   | CO                                          | MPLETE ALL BLANKS (LLENE TOD                   | OS LOS ESPACIOS EN BLANC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | O) Instructions and Footnotes on Back.    | (Al Dorso:    | Instrucciones y Anotac   | lones)                                                                 |                            |
|-------------------|---------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------|--------------------------|------------------------------------------------------------------------|----------------------------|
|                   | You are hereby requested to place           | the name indicated below on the ballot fo      | or the next election for the (Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | me of the Local Political Subdivision of) |               | y of Richardson          | for the office indicated belo                                          |                            |
|                   |                                             | el nombre indicado a continuación en           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |               |                          | para el cargo indicado a col<br>oficial solicitado) <sup>2</sup> Mayec |                            |
| Name (Nombr       | e) Amir Omar                                |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d View Dr Richardson                      | Oil           |                          | , ,,,,,                                                                |                            |
| Date Signed       | Signature                                   | Printed Name                                   | Residence Address (Includi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |               | County                   | Voter VUID Number³                                                     | Date of Birth <sup>3</sup> |
| (Fecha de Firma)  | (Firma)                                     | (Nombre en letra de molde)                     | (Dirección de Residencia (Incluye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ciudad, Estado, Código Postal))           |               | (Condado)                | (Núm. de VUID de Votante)                                              | (Fecha de Nacimiento)      |
| 1/11/25.          | Kattlan Wilson                              | Kathleen Swilson                               | 4409 Crystal m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rountain Dr. Richards                     | n, TV 730     | 82 Cellin                | 1167575213                                                             | 3/25/62                    |
| 1/11/25           | Mark SWelen                                 | MARKS. WILSON                                  | 4409 Crystal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Mountain De Richard                       | 15082<br>1501 | Collin                   | 1086410563                                                             | 8/5/57                     |
| 1/12/25           | Kriptine V. Voelker                         | Kristine D. Voelle                             | the same of the sa | away Ct. Richards                         | 75087         | Collin                   | 1075143226                                                             | 1/23/62                    |
| 1/12/25           | Axenni O Vactor                             | Rvan P. Voelker                                | 3308 Calla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | eway Ct. Richard                          | 50N           | Collin                   | 2148763161                                                             | 6/16/97                    |
| 1/12/25           | Carlet to                                   | Pru R. Voelker                                 | 3308 Call                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ausey Cf. Richards                        | 75087         | Collin                   | 1075/43219                                                             | 8/21/58                    |
| 1/13/25           | Alicia stephenson                           | Alicia Stephenson                              | 1605 Tulase Dr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Richardson IX 75081                       |               | ballas                   | 1083463254                                                             | 4/19/61                    |
| 1/13/25           | An All                                      | Ame Witte                                      | 1810 CENTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | vary Dr. Richardsh 7                      | X750          | 1 Dailes                 | 1080976278                                                             | 3/4/58                     |
| 11/3/25           | - Marsalus Do                               | & Marghung DE                                  | 0 2213 W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Solow Dr Richa                            | u Bou         | 75080 Della              | 1082463385                                                             | 8/13/56                    |
| 1.130             | Munitopead                                  | Melissa Whitewed                               | 1209 N.Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Harwood Dr. Acho                          | 45°           | Dallas                   | 1086699199                                                             | 11.23.83                   |
| 1-13-25           | BethaniBlain                                | BetraniBlar                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ecodlaneRicht.                            |               | Pallas                   | 1082579176                                                             | 10/27/17                   |
|                   |                                             | AFF                                            | IDAVIT OF CIRCULATOR TOE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CLARACIÓN JURADA DEL CIRCULADOR)          | 1             |                          |                                                                        |                            |
| STATE OF TEXA     | S (ESTADO DE TEJAS) COUNTY OF (             | CONDADO DE)                                    | BEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ORE ME, the undersigned, on this          | //            | _ (date) personally a    | opeared (ANTE MI, el/la suscrito(                                      | a), en esta (fecha)        |
| compareció)       | , (na                                       | me of person who circulated petition           | – (nombre de la persona que l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nizo circular la petición) who being duly | sworn, de     | eposes and says: "I c    | alled each signer's attention to                                       | the above                  |
| statements and    | d read them to the signer before t          | the signer affixed their signature to th       | e petition. I witnessed the a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | affixing of each signature. The corre     | ct date of    | signing is shown on t    | ne petition. I verified each sign                                      | ner's registration         |
| status and beli   | eve that each signature is the gen          | uine signature of the person whose n           | ame is signed and that the o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | corresponding information for each s      | signer is co  | rrect." (quien, habien   | do prestado el juramento correspo                                      | ondiente, declaro y aljo:  |
| "Llamé la atencia | ón de cada firmante sobre la declarac       | ción citada y se la lei antes de que la suscri | biera. Atestigüe cada firma, y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | la fecha correcta de las firmas consta en | la petición.  | Verifique la situación d | ie cada jirmante en lo concernient<br>TE (UIBADO V CUSCRITO ANTE MI    | e a su inscripcion y       |
| creo que cada fir | ma es la auténtica de la persona cuy        | o nombre aparece firmado y que son exac        | tos los datos correspondientes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | a cada jumante. 7 SWOKIN TO AND SO        | POSCNIDEL     | Notarial C               | Afficial CEAL /CELLO AL                                                | tarial u Oficial           |
|                   |                                             |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |               | Notarial or C            | Official SEAL <i>(SELLO No</i>                                         | rtariai a Ojiciai)         |
| X                 |                                             | X                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | X             |                          |                                                                        |                            |
| Signature of Ci   | rculator (Firmo de la persono que hizo ciro | culor la petición) Signature of Officer Ad     | ministering Oath (Firma del/de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | la funcionario(a) que le tomó juramento)  | Title of O    | fficer Administering (   | Dath (Título oficial del/de la funcionario                             | (a) que le tomó juramento) |
| O/MONE SINO       | Automorphism Automorphism                   |                                                | ONS AND FOOTNOTES ON BA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ACK (AL DORSO: INSTRUCCIONES Y ANOT       | ACIONES)      |                          |                                                                        |                            |

2-51 Prescribed by Secretary of State Sections 141.063, 141.065, 141.066 Texas Election Code 12/2023

### PETITION FOR A PLACE ON THE BALLOT FOR A LOCAL POLITICAL SUBDIVISION and/or PETITION IN LIEU OF A FILING FEE FOR A LOCAL POLITICAL SUBDIVISION

Name of Circulator Amir Omar
Page 4 of 7

(PETICIÓN PARA UN CARGO OFICIAL PARA UN LUGAR EN LA BOLETA y/o PETICIÓN PRESENTADA EN SUSTITUCIÓN DEL PAGO DE INSCRIPCIÓN)

Signing the petition of more than one candidate for the same office in the same election is prohibited.

(Se prohibe firmer la petición de más de un candidato para el mismo puesto oficial en la misma elección.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              | The state of the s | s de un candidato para el mismo puesto oficial en la misma eleccion.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                            |                            |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------|----------------------------|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OS LOS ESPACIOS EN BLANCO) Instructions and Footnotes on Back. (Al Dorso                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         | iones)                                     |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | You are hereby requested to place t          | the name indicated below on the ballot fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | y of Richardson         | for the office indicated belo              | 10.00                      |  |  |  |
| Por la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | presente se le solicita que incluya          | el nombre indicado a continuación en                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | a la boleta de la próxima elección de (Nombre de la subdivisión política loc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         | para el cargo indicado a co                | 7.                         |  |  |  |
| Name (Nombi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | el' Amir Omar                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TONG DIE PER COMMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ice Sought (Puesto      | 1 1 1 1 1 1 1                              | or-Place 7                 |  |  |  |
| Date Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Signature                                    | Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Residence Address (Including City, Texas, Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | County                  | Voter VUID Number³                         | Date of Birth <sup>3</sup> |  |  |  |
| (Fecha de Firma)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Firma)                                      | (Nombre en letra de molde)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Dirección de Residencia (Incluye Ciudad, Estado, Código Postal))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Condado)               | (Núm. de VUID de Votante)                  | (Fecha de Nacimiento)      |  |  |  |
| 13 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Kusten Parke                                 | Kristin Paune                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 300/Tamo Shanter Richardson 71/75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 80 Collin               | 1139988818                                 | 8-23-68                    |  |  |  |
| 1/13/25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Popler Riga                                  | Parker Payne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 300 Tam OS hanter Richardson TX 7508                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Collin                  | 2139550028                                 | 8-31-99                    |  |  |  |
| 1/13/25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Alle                                         | MARK PAYNE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3001 Tam o shanter Richardson TR.7308                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Collin                  | 1139139336                                 | 10-17-68                   |  |  |  |
| 1/13/25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Welle McCarfly                               | Kelk McCarthy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2809 Tam O Shanter Pichardson TX 75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 080 Collin              | 1195138838                                 | 11-15-84                   |  |  |  |
| 413/25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Bit.                                         | Bran McCarny                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2009 Tam o Shanter Richardson, TX 15000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | collin                  | 1075982977                                 | 6/W80                      |  |  |  |
| 413/281                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Pret Kathe                                   | Janet Kasta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 313 Laundale Drive, Richardson IX 15080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Collin                  | 1025198367                                 | 4/28/52                    |  |  |  |
| 1/14/25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Bett III                                     | RETT SMITH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 232 CAN YUN VALLEY SE RICH MYSTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | & COLLIN                | 1198842301                                 | 11/14/73                   |  |  |  |
| 1/14/25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Laura Lemons                                 | Lemons, Laura                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 907 Blue Lake Cir, Richardson, Tx 750                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | so Dallas               | 1079469213                                 | 02/02/73                   |  |  |  |
| 1/14/25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9                                            | JASON LEMONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 907 BLUE LAKE CIL, FICHARDSON TYSSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Daus                    | 1079445659                                 | 05/04/73                   |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0 -                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                            |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              | AFF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | IDAVIT OF CIRCULATOR (DECLARACIÓN JURADA DEL CIRCULADOR)4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |                                            |                            |  |  |  |
| STATE OF TEXA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S (ESTADO DE TEJAS) COUNTY OF (              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BEFORE ME, the undersigned, on this//_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (date) personally a     | ppeared (ANTE MI, el/la suscrito(          | a), en esta (fecha)        |  |  |  |
| compareció)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | – (nombre de la persona que hizo circular la petición) who being duly sworn, d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                            |                            |  |  |  |
| statements and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | d read them to the signer before t           | he signer affixed their signature to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e petition. I witnessed the affixing of each signature. The correct date of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | signing is shown on t   | he petition. I verified each sigr          | ner's registration         |  |  |  |
| status and beli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | eve that each signature is the gen           | uine signature of the person whose na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ame is signed and that the corresponding information for each signer is c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | orrect." (quien, habien | do prestado el juramento correspo          | ndiente, declaró y díjo:   |  |  |  |
| "Llamé la atención de coda firmante sobre la declaración citada y se la lei ontes de que la suscribiera. Atestigüé cada firma, y la fecha correcta de las firmas consta en la petición. Verifiqué la situación de cada firmante en lo concerniente a su inscripción y crea que coda firma es la auténtica de la persona cuyo nombre aparece firmado y que son exactos los datos correspondientes a cada firmante.") SWORN TO AND SUBSCRIBED BEFORE ME THIS DATE (JURADO Y SUSCRITO ANTE MI, CON ESTA FECHA) |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                            |                            |  |  |  |
| creo que cada fii                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rma es la auténtica de la persona cuyo       | nombre aparece firmado y que son exact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | tos los datos correspondientes a cada firmante,") SWORN 10 AND SUBSCRIBE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                                            |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Notarial or C           | Official SEAL <i>(SELLO No</i>             | tariai u Oficial)          |  |  |  |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                                            |                            |  |  |  |
| Signature of Ci                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | rculator (Fírmo de la persona que hizo circo |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | The state of the s | Officer Administering ( | Oath (Titulo oficial del/de la funcionaria | (a) que le tomó juramento) |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              | INSTRUCTIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | INS AND FOOTNOTES ON BACK (AL DORSO: INSTRUCCIONES Y ANOTACIONES)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                                            |                            |  |  |  |

2-51 Prescribed by Secretary of State Sections 141,063, 141,065, 141,066 Texas Election Code 12/2023

#### PETITION FOR A PLACE ON THE BALLOT FOR A LOCAL POLITICAL SUBDIVISION and/or PETITION IN LIEU OF A FILING FEE FOR A LOCAL POLITICAL SUBDIVISION

Name of Circulator Amir Omar
Page 6 of 7

(PETICIÓN PARA UN CARGO OFICIAL PARA UN LUGAR EN LA BOLETA y/o PETICIÓN PRESENTADA EN SUSTITUCIÓN DEL PAGO DE INSCRIPCIÓN)

Signing the petition of more than one candidate for the same office in the same election is prohibited.

| CO.                                                         |                                               | OS LOS ESPACIOS EN RIANCO Lestrettes and Sections of Back (Al Desce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Instrucciones y Ametro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | inner)                                                        |                            |  |  |  |  |  |  |  |
|-------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------|--|--|--|--|--|--|--|
|                                                             |                                               | OS LOS ESPACIOS EN BLANCO) Instructions and Footnotes on Back. (Al Dorso:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SASSAM TO THE REAL PROPERTY OF THE PERSON OF |                                                               |                            |  |  |  |  |  |  |  |
| You are hereby requested to place to                        | the name indicated below on the ballot fo     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | y of Richardson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | for the office indicated belo<br>para el cargo indicado a con | 10                         |  |  |  |  |  |  |  |
| A A                                                         |                                               | n la boleta de la próxima elección de (Nombre de la subdivisión política loc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               | .//                        |  |  |  |  |  |  |  |
| Name (Nombre)' Amir Om                                      | Addres                                        | Jav French French Landing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ce Sought (Puesto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11140                                                         | Place)                     |  |  |  |  |  |  |  |
| Date Signed Signature                                       | Printed Name                                  | Residence Address (Including City, Texas, Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Voter VUID Number³                                            | Date of Birth <sup>3</sup> |  |  |  |  |  |  |  |
| (Fecha de Firma) (Firma)                                    | (Nombre en letra de molde)                    | (Dirección de Residencia (Incluye Ciudad, Estado, Código Postal))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Condado)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Núm. de VUID de Votante)                                     | (Fecho de Nacimiento)      |  |  |  |  |  |  |  |
| 1/1425 A HART                                               | Oliver J. Johnson III                         | 808 Sevenadeln Richardson TV 75081                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 021125                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1078070040                                                    | 12-30-1964                 |  |  |  |  |  |  |  |
| 1/14/25 xward ga                                            | michael Jones                                 | 1002 Lorrie Dr. Richardson IX 7508                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | o Dallas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1081355132                                                    | 5-20-197                   |  |  |  |  |  |  |  |
| 1/14/25 Barbara a. Come                                     | BARBARA GONE                                  | 20 HIGH CANYONG.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DALLAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1082,045143                                                   | 3-23-193                   |  |  |  |  |  |  |  |
| 1/14/25 Win, M. Coopy                                       | WM MIKE COOK                                  | 210 High Canyout TX 15080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DAllas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1081428090                                                    | <b>17-7-37</b>             |  |  |  |  |  |  |  |
| 1/4/25 Kingie Kellowski                                     | Kimmie Buthaki                                | 2000 708 Wovendaire Ric 75080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Dallas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1152837619                                                    | 3-27-60                    |  |  |  |  |  |  |  |
| 1/14/25 applathandi                                         | Jeff Rock                                     | 708 Woventhive Richards 75080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Dollas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1190820434                                                    | 8-17-1958                  |  |  |  |  |  |  |  |
| 1-14 tank Tomen                                             | Tamela Tomassell                              | 0 213 High Canyon Richard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Dullar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1080924951                                                    | 2-1-56                     |  |  |  |  |  |  |  |
| 1-14 Sosphtanacel                                           | o Joe Tomasello                               | 213 Har Can You ct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Pallas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1080915430                                                    | 7-23-40                    |  |  |  |  |  |  |  |
| 1-14/2                                                      | Kevih Jemison                                 | 421 Valley Glen Pl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Collin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1147943249                                                    | 10/08/1979                 |  |  |  |  |  |  |  |
| 1-14-25 011                                                 | Debra Boopsingh                               | 1404 Chickasaw Dr. Nichodin &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Dallas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1165476965                                                    | 3-3-72                     |  |  |  |  |  |  |  |
| 7                                                           | AFF                                           | IDAVIT OF CIRCULATOR (DECLARACIÓN JURADA DEL CIRCULADOR)⁴                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                            |  |  |  |  |  |  |  |
| STATE OF TEXAS (ESTADO DE TEJAS) COUNTY OF (                |                                               | BEFORE ME, the undersigned, on this//                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                            |  |  |  |  |  |  |  |
| compareció), (nar                                           | me of person who circulated petition          | — (nombre de la persona que hizo circular la petición) who being duly sworn, de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | eposes and says: "I c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | alled each signer's attention to                              | the above                  |  |  |  |  |  |  |  |
| statements and read them to the signer before t             | ne signer affixed their signature to th       | e petition. I witnessed the affixing of each signature. The correct date of ame is signed and that the corresponding information for each signer is co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | rrect " (quien habien                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | do prestado el juramento correspo                             | undiente declaró y dijo:   |  |  |  |  |  |  |  |
| "Llomá la atanción de cada firmante sobre la declarac       | ión citoda y se la lei antes de que la suscri | ibiera. Atestigüé cada firma, y la fecha correcta de las firmas consta en la petición.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Verifiqué la situación (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | de cada firmante en lo concernient                            | e a su inscripción v       |  |  |  |  |  |  |  |
| creo que coda firma es la auténtica de la persona cuvo      | nombre aparece firmado y que son exaci        | tos los datos correspondientes a cada firmante.") SWORN TO AND SUBSCRIBED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | BEFORE ME THIS DA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TE (JURADO Y SUSCRITO ANTE MI,                                | , CON ESTA FECHA)          |  |  |  |  |  |  |  |
|                                                             | , , ,                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Official SEAL (SELLO No                                       |                            |  |  |  |  |  |  |  |
| x                                                           | X                                             | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                            |  |  |  |  |  |  |  |
| Signature of Circulator (Firma de la persona que hizo circu | ular la petición) Signature of Officer Ad     | ministering Oath (Firmo del/de la funcionaria(o) que le tomo juramento) Title of O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | fficer Administering                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Dath (Titulo oficial del/de la funcionario                    | (a) que le tomó juramento) |  |  |  |  |  |  |  |
|                                                             |                                               | Signature of Circulator (Firms de la persona que nizo circular la persona |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                            |  |  |  |  |  |  |  |

2-51 Prescribed by Secretary of State Sections 141,063, 141,065, 141.066 Texas Election Code 12/2023

#### PETITION FOR A PLACE ON THE BALLOT FOR A LOCAL POLITICAL SUBDIVISION and/or PETITION IN LIEU OF A FILING FEE FOR A LOCAL POLITICAL SUBDIVISION

Name of Circulator Amis Omas
Page 6 of 7

(PETICIÓN PARA UN CARGO OFICIAL PARA UN LUGAR EN LA BOLETA y/o PETICIÓN PRESENTADA EN SUSTITUCIÓN DEL PAGO DE INSCRIPCIÓN)

Signing the petition of more than one candidate for the same office in the same election is prohibited.

|                                         |                                                                                                                                                                                                         |                    | (Se prohibe firma                       | r la petición de má | ás de un candidato para el mismo puesto oficial en la misma elección.)  |                 |                          |                                            |                    |            |  |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------|---------------------|-------------------------------------------------------------------------|-----------------|--------------------------|--------------------------------------------|--------------------|------------|--|
|                                         |                                                                                                                                                                                                         | CON                | IPLETE ALL BLAN                         | KS (LLENE TOD       | OS LOS ESPACIOS EN BLANCO) Instructions and Footnotes on Ba             | ack. (Al Dorso: | Instrucciones y Anotac   | iones)                                     |                    |            |  |
|                                         | You are hereby requested to place the name indicated below on the ballot for the next election for the (Name of the Local Political Subdivision of) City of Richardson for the office indicated below.  |                    |                                         |                     |                                                                         |                 |                          |                                            |                    |            |  |
|                                         | Por la presente se le solicita que incluya el nombre indicado a continuación en la boleta de la próxima elección de (Nombre de la subdivisión política local de) para el cargo indicado a continuación. |                    |                                         |                     |                                                                         |                 |                          |                                            |                    |            |  |
| Name (Nombi                             | e) Hmir                                                                                                                                                                                                 | Umar               |                                         | Addres              | is (Dirección) 3207 Pond U:ew Dr Rich                                   | ard Spatti      | ce Sought (Puesto        | oficial solicitado)2 Moyo                  | Plac               | e 7        |  |
| Date Signed                             | Signature                                                                                                                                                                                               |                    | Printed Name                            |                     | Residence Address (Including City, Texas, Zip)                          |                 | County                   | Voter VUID Number <sup>3</sup>             | Date of Birt       |            |  |
| (Fecha de Firma)                        | (Firma)                                                                                                                                                                                                 |                    | (Nombre en letra de mola                | le)                 | (Dirección de Residencia (Incluye Ciudad, Estado, Código Postal))       |                 | (Condado)                | (Núm. de VUID de Votante)                  | (Fecha de Naci     |            |  |
| 1/14/25                                 | Change                                                                                                                                                                                                  | 80                 | Christopher                             | J. Dick             | 1404 Chickasaw Dr., Richardson, T                                       | X 75080         | Dallas                   | 1075683163                                 | 6/15/              | 70         |  |
| 1/14/2                                  | 5 felle                                                                                                                                                                                                 | LA                 | BLAKED                                  | التقيادي            | 2654 Provencent CN, Rich                                                | War.            | Collw                    | 1207953527                                 | 1430               | [35        |  |
| 1/14/25                                 | Kuch As                                                                                                                                                                                                 | BUS                | Kathleen                                | NLewis              | 2654 Provencial Ln, Red                                                 | narosin         | Collin                   | 1208097642                                 | 6/24               | 156        |  |
| 1/14/25                                 | d. fr                                                                                                                                                                                                   | , ,                | MACKSIM                                 |                     | 915 LAKEVIEW DR. RICHARDSONT                                            |                 | DAllAS                   | 1084714630                                 | 9/15/              | 69         |  |
| 1/14/25                                 | ERS                                                                                                                                                                                                     |                    |                                         |                     | 915 LAKEUISU DR. RICHARDSON TO                                          |                 |                          | 1084780021                                 | 8/3/               | 71         |  |
| 1/4/25                                  | Call                                                                                                                                                                                                    | Tw                 |                                         |                     | RG 309 N. WATERVEW DR                                                   | Roi             | Delen                    | 1083258312                                 | 12/15/             | 142        |  |
| 1/4/25                                  | soil the                                                                                                                                                                                                | na                 | PAULD MO                                | SUA IR              | 309 N. WATERVIEW DR.                                                    | 1212            | Blac                     | 1083421966                                 | 8/23               | 151        |  |
| Y14b5                                   | I WILL                                                                                                                                                                                                  | ) . [              | Destinut                                | ompo                | 1121 Wildwood Ln. Richard                                               | doon '          | Dallas                   | 1155348124                                 | 810                | 83         |  |
| 14/25                                   | A.V.D.                                                                                                                                                                                                  | ^                  | ABRAHHY :                               | DELAVOSA            | 1121 Wildwood Ln., Richardson                                           | <b>\</b>        | DAWAS                    | 1074093379                                 | 11/20              | 172        |  |
|                                         |                                                                                                                                                                                                         |                    |                                         |                     | ,                                                                       |                 |                          |                                            |                    |            |  |
|                                         |                                                                                                                                                                                                         |                    |                                         | AFF                 | IDAVIT OF CIRCULATOR (DECLARACIÓN JURADA DEL CIRCULADO                  | OR)⁴            |                          |                                            |                    |            |  |
| STATE OF TEXA                           | S (ESTADO DE TEJAS) C                                                                                                                                                                                   | OUNTY OF (C        | ONDADO DE)                              |                     | BEFORE ME, the undersigned, on thi                                      | s//             | (date) personally a      | opeared (ANTE MI, el/la suscrito(d         | a), en esta (fec   | :ha)       |  |
| compareció)                             |                                                                                                                                                                                                         |                    |                                         |                     | ) — (nombre de la persona que hizo circular la petición) who being c    |                 |                          |                                            |                    |            |  |
| statements and                          | d read them to the sig                                                                                                                                                                                  | ner before th      | e signer affixed their                  | r signature to th   | e petition. I witnessed the affixing of each signature. The co          | rrect date of s | igning is shown on t     | ne petition. I verified each sign          | er's registrat     | ion        |  |
| status and beli                         | eve that each signatur                                                                                                                                                                                  | re is the genu     | ine signature of the                    | person whose n      | ame is signed and that the corresponding information for each           | ch signer is co | rrect." (quien, habien   | do prestado el juramento correspo          | ndiente, declai    | ró y dijo: |  |
| "Llamé la atencia                       | ón de cada firmante sob                                                                                                                                                                                 | re la declaració   | ón citada y se la lei ante              | es de que la suscri | ibiera. Atestigüé cada firma, y la fecha correcta de las firmas consta  | en la petición. | Verifiqué la situación d | le cada firmante en lo concernient         | e a su inscripci   | ión y      |  |
| creo que cada fir                       | ma es la auténtica de la                                                                                                                                                                                | persona cuyo       | nombre aparece firma                    | do y que son exact  | tos los datos correspondientes a cada firmante,") SWORN TO AND          | SUBSCRIBED      | BEFORE ME THIS DA        | TE (JURADO Y SUSCRITO ANTE MI,             | , CON ESTA FEC     | CHA)       |  |
|                                         |                                                                                                                                                                                                         |                    |                                         |                     |                                                                         |                 |                          | Official SEAL (SELLO No                    |                    |            |  |
| x                                       |                                                                                                                                                                                                         |                    | X                                       |                     |                                                                         | X               |                          |                                            |                    |            |  |
| Signature of Ci                         | rculator (Firma de la perso                                                                                                                                                                             | ona que hizo circu | lar la petición) Signatu                | re of Officer Ad    | ministering Oath (Firma del/de la funcionario(a) que le tomó juramento) | Title of Of     | ficer Administering (    | Dath (Titulo oficial del/de la funcionario | [a] que le tomó ju | ıramento)  |  |
| 200000000000000000000000000000000000000 |                                                                                                                                                                                                         | and the second     | 100000000000000000000000000000000000000 | INSTRUCTIO          | ONS AND FOOTNOTES ON BACK (AL DORSO: INSTRUCCIONES Y AF                 | NOTACIONES)     |                          |                                            |                    |            |  |

2-51 Prescribed by Secretary of State Sections 141,063, 141,065, 141,066 Texas Election Code 12/2023

## PETITION FOR A PLACE ON THE BALLOT FOR A LOCAL POLITICAL SUBDIVISION and/or PETITION IN LIEU OF A FILING FEE FOR A LOCAL POLITICAL SUBDIVISION

Name of Circulator Amir Omer
Page 7 of 7

(PETICIÓN PARA UN CARGO OFICIAL PARA UN LUGAR EN LA BOLETA y/o PETICIÓN PRESENTADA EN SUSTITUCIÓN DEL PAGO DE INSCRIPCIÓN)

Signing the petition of more than one candidate for the same office in the same election is prohibited.

(Se prohibe firmar la petición de más de un candidato para el mismo questo oficial en la mismo elección.)

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | OS LOS ESPACIOS EN BLANCO) Instructi                                                                        | 1000                                     | 2007                   | ciones)                                    |                             |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------|--------------------------------------------|-----------------------------|
|                   | You are hereby requested to place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | the name indicated below on the ballot fo      | r the next election for the (Name of the Lo                                                                 |                                          | y of Richardson        | for the office indicated bel               |                             |
| Por la            | presente se le solicita que incluya                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | la boleta de la próxima elección de (N                                                                      |                                          | :al de)                | para el cargo indicado a co                | ntinuación.                 |
| Name (Nombr       | el' Amir Omgr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Addres                                         | s (Dirección) 3207 Pond U;                                                                                  | ew Dr Richardson                         | ice Sought (Puesto     | 7.11)                                      | vor-Place Z                 |
| Date Signed       | Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Printed Name                                   | Residence Address (Including City, Te                                                                       | cas, Zip)                                | County                 | Voter VUID Number <sup>3</sup>             | Date of Birth <sup>3</sup>  |
| (Fecha de Firma)  | (Firma)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (Nombre en letra de molde)                     | (Dirección de Residencia (Incluye Ciudad, Estad                                                             | o, Código Postal))                       | (Condado)              | (Núm. de VUID de Votante)                  | (Fecha de Nacimiento)       |
| 1/14/25-          | Theholmon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Julie Robinson                                 | 600 Nottingham                                                                                              | Dr. RichardsonTA                         | Da1/45                 | 1087575076                                 | 2/9/71                      |
| 1/14125           | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Reid Robinson                                  | 600 Nottingham 1                                                                                            | r. Kidnarwon TK                          | Dallax                 | 1087163634                                 | 615/69                      |
| 1/4/25            | Elia Grang                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ALICA G-MAN GALL                               |                                                                                                             | L. R. 75081                              | DOLLAS                 | 1083059492                                 | 6/28/44                     |
| 1/14/25           | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Julie Jennings                                 | 3209 Pond Ulow D                                                                                            | r Richardon 1                            | Collin                 | 1075781791                                 | 6/8/80                      |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ()                                             |                                                                                                             |                                          |                        |                                            |                             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                                             |                                          |                        |                                            |                             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                                             |                                          | -                      |                                            |                             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                                             |                                          |                        |                                            |                             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                                             |                                          |                        |                                            |                             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                                             |                                          | 1                      |                                            |                             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                                             |                                          |                        |                                            |                             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                                             |                                          |                        |                                            |                             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AFF                                            | IDAVIT OF CIRCULATOR (DECLARACIÓN                                                                           | JURADA DEL CIRCULADOR)⁴                  |                        |                                            |                             |
|                   | S (ESTADO DE TEJAS) COUNTY OF (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CONDADO DE)                                    | BEFORE ME, t                                                                                                | ne undersigned, on this//_               | (date) personally a    | ppeared (ANTE MI, el/la suscrito)          | (a), en esta (fecha)        |
| compareció)       | (na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | me of person who circulated petition)          | <ul> <li>– (nombre de la persona que hizo circular<br/>e petition. I witnessed the affixing of e</li> </ul> | ach signature. The correct date of       | signing is shown on t  | he netition. I verified each sign          | ner's registration          |
| statements and    | read them to the signer before t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | tile signer attice of the person whose p       | ame is signed and that the correspond                                                                       | ng information for each signer is c      | orrect" lavien habien  | do prestado el juramento correspo          | ondiente declaró v diia:    |
| "Hama la grancia  | eve that each signature is the gen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ción citada y se la lei antes de que la suscri | biera. Atestigüé cada firma, y la fecha corr                                                                | ecta de las firmas consta en la netición | Verifiqué la situación | de cada firmante en lo concernien:         | te a su inscripción v       |
| creo que cada fir | ma es la auténtica de la nersona cuva                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | o nombre anarece firmado y que son exact       | tos los datos correspondientes a cada firma                                                                 | nte.") SWORN TO AND SUBSCRIBE            | D BEFORE ME THIS DA    | TE (JURADO Y SUSCRITO ANTE M.              | I, CON ESTA FECHA)          |
| creo que cudo ja  | ma es la datemica de la persona cayo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | o nome appreces jumase y que son enece         | ····                                                                                                        |                                          |                        | Official SEAL (SELLO No                    |                             |
| X                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X                                              |                                                                                                             | _ X                                      |                        |                                            |                             |
| Signature of Cir  | culator (Firmo de la persono que hizo circ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | cular la petición) Signature of Officer Ad     | ministering Oath (Firma del/de la funcionario)                                                              | a) que le tomó juramento) Title of C     | Officer Administering  | Oath (Titulo oficial del/de la funcionario | o(a) que le tomó juramento) |
| - Grister - J. Ch | A CONTRACT OF STATE SECURITION OF STATE |                                                | INS AND EQOTNOTES ON BACK IAL DOS                                                                           |                                          |                        |                                            |                             |