ALL INFORMATION IS	REQUIRED TO	O BE PROVIDED	LINLESS INDICATED	OPTIONAL
ALL INFURITION IS	WERE ALLER IN	O DE LUGAIDED	CITEESS HIDICALED	OI HORA

APPLICATION FOR A PLACE (ON THE	Brazosport	I.S.D	•	GENER	AL ELECTIC	ON BALLOT		
TO: City Secretary/Secretary of Board									
I request that my name be placed on the				for the office indic					
OFFICE SOUGHT (Include any place number or other distinguishing num									
Trustee - District 7				X FULL UNEXPIRED					
FULL NAME (First, Middle, Last)				PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT					
Mason Paul Howard				Mason P. Howard					
PERMANENT RESIDENCE ADDRESS (Do n Route. If you do not have a residence a at which you receive personal mail and lo	ddress, desc	ribe the address	PUBLIC MA	AILING ADDRESS (Campaign	mailing addre	ess, if available.)		
203 Lee Avenue			Same						
CITY	STATE	ZIP	CITY			STATE	ZIP		
Jones Creek	TX	77541							
				T		VOTED DE			
PUBLIC EMAIL ADDRESS (If available)	OCCUP	ATION (Do not lea	eve blank)	DATE OF BIRTH		NUMBER (Optional) 2		
howard@brazosportisd.net Contractor			04 / 10	/ ⁶⁹					
TELEPHONE CONTACT INFORMATION (O	ptional)	LENGT		NUOUS RESIDENC					
Home:			IN STAT	E			M WHICH THE		
Work: 979-709-9034			<u>17</u> y	ear (s)	OFFICE SOUGHT IS ELECTED ³				
Cell:		8 m	onth(s)	3 month(s)					
If using a nickname as part of your name that my nickname does not constitute a commonly known by this nickname for at	slogan nor	does it indicate a	political, ec						
Before me, the undersigned authority, or here and now duly sworn, upon oath says	n this day per s:	sonally appeared	(name) <u>M</u> ä	ason Paul 1	Howard	<u>i</u>	who being by me		
"I, (name) Mason Paul Howard, of Brazoria County, Texas, being a									
candidate for the office of Trustee	e – Dist	rict 7	, sw						
of the United States and of the State of I this state. I have not been finally convict official action. I have not been determin partially mentally incapacitated without I	ed of a felon ed by a final	y for which I have judgment of a cou	not been pa irt exercisin	ordoned or had my g probate jurisdicti	full rights ion to be t	of citizenship otally mental	restored by other		
I further swear that the foregoing statem	ents include	d in my application	n are in all th	nings true and corr	ect."				
		X	Ma	son P. He	swe	2			
	Cluba			SIGNALURE		ATE			
Sworn to and subscribed before me at	Ciuce,	No	tary	of Jensery 2	017	My	DANIEL SCHAEFER Notary ID # 126382074 pires February 19, 2020		
TO BE COMPLETED BY CITY SECRETARY O	R SECRETARY	OF BOARD:	77	9 8	9 M				
(See Section 1.007)	Date P	eceived	_	Signature of Secre	MANA	,			
Voter Registration Status Verified	Date N	FEGIAER		aignature ur accie	.cary				