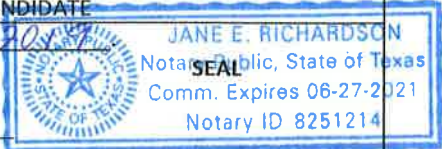


ALL INFORMATION IS **REQUIRED** TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE <u>City of Denton</u> GENERAL ELECTION BALLOT					
TO: City Secretary/Secretary of Board					
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) <u>District 3</u>				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <u>Diane Therese Leggett</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹ <u>Diana Leggett</u>		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.) <u>1019 Aileen Street</u>			PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) <u>1019 Aileen St.</u>		
CITY <u>Denton</u>	STATE <u>TX</u>	ZIP <u>76201</u>	CITY <u>Denton</u>	STATE <u>TX</u>	ZIP <u>76201</u>
PUBLIC EMAIL ADDRESS (If available) <u>diana4denton@gmail.com</u>		OCCUPATION (Do not leave blank) <u>Paralegal</u>	DATE OF BIRTH <u>06 / 29 / 1953</u>	VOTER REGISTRATION VOID NUMBER (Optional) ²	
TELEPHONE CONTACT INFORMATION (Optional) Home: Work: <u>972-221-5655</u> Cell: <u>540-442-8789</u>		LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN			
		IN STATE <u>30</u> year (s) ____ month(s)		IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³ <u>10</u> year (s) ____ month(s)	
If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.					
Before me, the undersigned authority, on this day personally appeared (name) <u>Diane Leggett</u> , who being by me here and now duly sworn, upon oath says:					
"I, (name) <u>Diane Leggett</u> of <u>Denton</u> County, Texas, being a candidate for the office of <u>City Council, District 3</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.					
I further swear that the foregoing statements included in my application are in all things true and correct."					
			X <u>J. Richardson</u> SIGNATURE OF CANDIDATE		
Sworn to and subscribed before me at <u>9:42 a.m.</u> , this the <u>25th</u> day of <u>January, 2019</u>					
<u>Jane E. Richardson</u> Signature of Officer Administering Oath ⁴		<u>Notary Public</u> Title of Officer Administering Oath			
TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD: (See Section 1.007)					
		<u>1/25/19</u> Date Received		<u>Joseph Walters</u> Signature of Secretary	
Voter Registration Status Verified <input checked="" type="checkbox"/>					



APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE
NAME

MS/MRS/MR FIRST *Diana* MI *T.*
NICKNAME LAST SUFFIX
Leggett

OFFICE USE ONLY

Filer ID #

Date Received

4/25/19

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
*1019 Aileen Street
Denton, TX 76201*

Date Hand-delivered or Postmarked

4 CANDIDATE
PHONE

AREA CODE PHONE NUMBER EXTENSION
(940) 442-8289

Receipt #

Amount \$

Date Processed

5 OFFICE
HELD
(if any)

Date Imaged

6 OFFICE
SOUGHT
(if known)

City Council, District 3

7 CAMPAIGN
TREASURER
NAME

MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX
Lisa M Hafer

8 CAMPAIGN
TREASURER
STREET
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
*2612 Stillwater Court
Flower Mound TX 75022*

(residence or business)

9 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 393-6923

10 CANDIDATE
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

[Signature]
Signature of Candidate

01/25/2019
Date Signed

GO TO PAGE 2