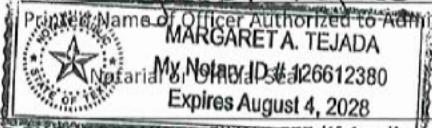


## APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL.<sup>1</sup> Failure to provide required information may result in rejection of application.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                      |                                                                                                                  |                                                                                              |                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>APPLICATION FOR A PLACE ON THE <u>City of Floresville</u> GENERAL ELECTION BALLOT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                      |                                                                                                                  |                                                                                              |                                                        |
| TO: City Secretary/Secretary of Board (name of election)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                      |                                                                                                                  |                                                                                              |                                                        |
| I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                      |                                                                                                                  |                                                                                              |                                                        |
| OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)<br><u>Mayor</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                      |                                                                                                                  | INDICATE TERM<br><input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED |                                                        |
| FULL NAME (First, Middle, Last)<br><u>Marissa Ximenez</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                      | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*<br><u>Marissa Ximenez</u>                                     |                                                                                              |                                                        |
| PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.)<br><u>1713 4th street</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                      | PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) |                                                                                              |                                                        |
| CITY<br><u>Floresville</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STATE<br><u>TX</u> | ZIP<br><u>78114</u>                                                                  | CITY                                                                                                             | STATE                                                                                        | ZIP                                                    |
| PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    | OCCUPATION (Do not leave blank)<br><u>Training Manager</u>                           | DATE OF BIRTH<br>[REDACTED]                                                                                      |                                                                                              | VOTER REGISTRATION VOID NUMBER <sup>2</sup> (Optional) |
| TELEPHONE CONTACT INFORMATION (Optional)<br>Home: <u>N/A</u> Office: <u>N/A</u> Cell: <u>210-749-5997</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                      |                                                                                                                  |                                                                                              |                                                        |
| FELONY CONVICTION STATUS (You MUST check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN                 |                                                                                                                  |                                                                                              |                                                        |
| <input checked="" type="checkbox"/> I have not been finally convicted of a felony.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    | IN THE STATE OF TEXAS<br><u>41</u> year(s)                                           |                                                                                                                  | IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED<br><u>35</u> year(s)  |                                                        |
| <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. <sup>3</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | ____ month(s)                                                                        |                                                                                                                  | ____ month(s)                                                                                |                                                        |
| This Box Must ONLY be Completed by Candidates for School District Board of Trustees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                                                      |                                                                                                                  |                                                                                              |                                                        |
| Check the Box Below:<br><input type="checkbox"/> I am aware that I am not eligible to serve as a trustee of an independent school district if I am required to register as a sex offender under Chapter 62, Code of Criminal Procedure.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                      |                                                                                                                  |                                                                                              |                                                        |
| *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 or contain a title, 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. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                      |                                                                                                                  |                                                                                              |                                                        |
| Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>Marissa Ximenez</u> , who being by me here and now duly sworn, upon oath says:<br>"I, (name of candidate) <u>Marissa Ximenez</u> , of <u>Wilson</u> County, Texas, Being a candidate for the office of <u>Mayor for the city of Floresville</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 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 am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct. |                    |                                                                                      |                                                                                                                  |                                                                                              |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | X <u>[Signature]</u><br>SIGNATURE OF CANDIDATE                                       |                                                                                                                  |                                                                                              |                                                        |
| Sworn to and subscribed before me this the <u>15</u> day of <u>January</u> , <u>2026</u> , by <u>Marissa Ximenez</u> .<br>(day) (month) (year) (name of candidate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                      |                                                                                                                  |                                                                                              |                                                        |
| <u>Margaret Tejada</u><br>Signature of Officer Authorized to Administer Oath <sup>4</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | <u>Margaret Tejada</u><br>Printed Name of Officer Authorized to Administer Oath      |                                                                                                                  |                                                                                              |                                                        |
| <u>Notary</u><br>Title of Officer Authorized to Administer Oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |  |                                                                                                                  |                                                                                              |                                                        |
| TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:<br><input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                      |                                                                                                                  |                                                                                              |                                                        |
| This document and \$ _____ filing fee or a nominating petition of _____ pages received. <input type="checkbox"/> Voter Registration Status Verified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                                                      |                                                                                                                  |                                                                                              |                                                        |
| <u>1/15/26</u><br>Date Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | <u>1/20/26</u><br>Date Accepted                                                      |                                                                                                                  | (See Section 1.007) <u>Evelyn Hanez</u><br>Signature of Filing Officer or Designee           |                                                        |