## APPLICATION FOR A PLACE ON THE GENERAL PRIMARY BALLOT ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL Failure to provide required information ma

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APPLICATION FOR A PLACE ON THE <u>REPORTINGE</u> PARTY GENERAL PRIMARY BALLOT								
To: State County Chair (Democratic or Republican)								
I request that my name be placed on the above-named official primary ballot as a candidate for nomination to the office indicated below.								
number, if any.) Chinha Trad CureV				INCUMBENT DECLARATION: (Check this box if you are the incumbent.)			•	
number, if any.) County Treasurev				FULL UNEXPIRED box if you are the incumbent.) INCUMBENT				
FULL NAME (First, Middle, Last)				PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*				
Allison Ryann Arteaga				Allison Arteaga				
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural				PUBLIC MAILING ADDRESS (Optional) (Address at which you receive campaign related correspondence, if available.)				
Route. If you do not have a residence address, describe location of residence.)				l				
			308 E. Grant Ave.					
Morton	TX	79346	CITY	<del>21/</del> 2		TX	ZIP 7022410	
			Morte	· · · · · · · · · · · · · · · · · · ·			TRATION VUID	
PUBLIC EMAIL ADDRESS (Optional) (Addre	ss Victi	ATION (Do not I MS ASS IS	eave blank, Stant	DATE OF BIRTH		NUMBER <sup>2</sup> (Op		
available, allisons 4640 gmail. com Coordinator 12 121/1991								
TELEPHONE CONTACT INFORMATION (Optional)								
Home: Office: Cell: 80U) 891-5589								
FELONY CONVICTION STATUS (You MUST check one)  LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN								
IN THE STATE OF TEXAS IN TERRITORY/DISTRICT/PRECINCT								
				33 <sub>vear(s)</sub> WHIC			H THE OFFICE SOUGHT IS ELECTED  O year(s)	
pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided			<u> </u>	_ year(s)			year(s)	
proof of this fact with the submission of this application. <sup>3</sup>				_ month(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 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) Allison Artago, who being								
by me here and now duly sworn, upon oath says:								
"I, (name of candidate) AlliSon Arteaga of Cochran County, Texas,								
being a candidate for the office of County Treasurer 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 Million atteaga								
SIGNATURE OF CANDIDATE ()								
Sworn to and subscribed before me this the 18th day of December 3025, by Allison Aylegga.								
(day) (month) CHERYL J. BUTLER NOTARY PUBLIC								
Signature of Officer Authorized to Administer Oath <sup>4</sup> Printed Name of Officer Authorized to Administer Oath								
Elections Administrator Mytomans Expires 12-20-2025								
Title of Officer Authorized to Administer Oath								
TO BE COMPLETED BY CHAIR OR SECRETARY OF THE COUNTY EXECUTIVE COMMITTEE: THIS APPLICATION IS ACCOMPANIED BY THE								
REQUIRED FILING FEE PAID BY:  CASH CHECK MONEY ORDER CASHIERS CHECK OR PETITION IN LIEU OF A FILING FEE Voter Registration Status Verified								
This document and \$ 750 confirming fee or petition of pages received. (See Section 1,007)								
12/04/2015  This document and \$ 750- ming ree or petition of pages received. See Section 1.007								
Date Filed  Signature of Chair or Designee Receiving Filed Application								
12/64/2026 or / / Schmitt								
Date Accepted Date Rejected Signature of Chair or Secretary Upon Determination of Application								