

**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.

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| <b>APPLICATION FOR A PLACE ON THE <u>CITY OF GATESVILLE</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>WARD 1 PLACE 2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                      |                                                                                                                                                                                                                                       | INDICATE TERM<br><input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED |                     |
| FULL NAME (First, Middle, Last)<br><u>JONATHAN ANDREW SALTER</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                      | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*<br><u>Jon Salter</u>                                                                                                                                                               |                                                                                              |                     |
| PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do, include the residence.)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                      | PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign mail)<br>[REDACTED]                                                                                                                                         |                                                                                              |                     |
| CITY<br><u>GATESVILLE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STATE<br><u>TX</u> | ZIP<br><u>76528</u>                                                  | CITY<br><u>GATESVILLE</u>                                                                                                                                                                                                             | STATE<br><u>TX</u>                                                                           | ZIP<br><u>76528</u> |
| PUBLIC EMAIL ADDRESS (Optional) (Address for electronic communication)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | OCCUPATION (Do not leave blank)<br><u>DIR. OF DIAGNOSTIC IMAGING</u> |                                                                                                                                                                                                                                       | DATE OF BIRTH<br>[REDACTED]                                                                  |                     |
| TELEPHONE CONTACT INFORMATION (Optional)<br>Home: [REDACTED] Office: [REDACTED] Cell: [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | VOTER REGISTRATION VOID NUMBER <sup>2</sup> (Optional)               |                                                                                                                                                                                                                                       |                                                                                              |                     |
| FELONY CONVICTION STATUS (You MUST check one)<br><input checked="" type="checkbox"/> I have not been finally convicted of a felony.<br><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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                      | LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN<br>IN THE STATE OF TEXAS<br><u>51</u> year(s)<br><u>9</u> month(s)                                                                                               |                                                                                              |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                                      | IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED<br><u>3</u> year(s)<br><u>10</u> month(s)                                                                                                                      |                                                                                              |                     |
| This Box Must ONLY be Completed by Candidates for School District Board of Trustees<br>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>JONATHAN A. SALTER</u> , who being by me here and now duly sworn, upon oath says:<br>"I, (name of candidate) <u>Jonathan A. Salter</u> of <u>Coryell</u> County, Texas, Being a candidate for the office of <u>WARD 1 PLACE 2 CITY OF GATESVILLE</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<br>SIGNATURE OF CANDIDATE<br><u>[Signature]</u>                                                                                                                                                                                     |                                                                                              |                     |
| Sworn to and subscribed before me this the <u>24</u> day of <u>July</u> , <u>2026</u> , by <u>Jon Salter</u><br>(day) (month) (year) (name of candidate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                      |                                                                                                                                                                                                                                       |                                                                                              |                     |
| Signature of Officer Authorized to Administer Oath <sup>4</sup><br><u>[Signature]</u><br>City Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                      | Notary Public, State of Texas<br>Comm. Expires <u>10-24-2027</u><br>Notary ID <u>124169595</u><br><u>[Signature]</u><br>HOLLY OWENS<br>Notary Public, State of Texas<br>Comm. Expires <u>10-24-2027</u><br>Notary ID <u>124169595</u> |                                                                                              |                     |
| 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: <u>N/A</u><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 \$ <u>0</u> filing fee or a nominating petition of <u>2</u> pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                      |                                                                                                                                                                                                                                       |                                                                                              |                     |
| <u>7/24/2026</u><br>Date Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    | <u>7/24/2026</u><br>Date Accepted                                    |                                                                                                                                                                                                                                       | <u>[Signature]</u><br>Signature of Filing Officer or Designee                                |                     |

