

**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.

| APPLICATION FOR A PLACE ON THE <u>Bruceville - Eddy City Council</u> GENERAL ELECTION BALLOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                                                                          |                                                                                                                                                       |                                                        |                     |
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| TO: City Secretary/Secretary of Board (name of election) <u>Nov 2026</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                                                                                          |                                                                                                                                                       |                                                        |                     |
| 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>City Council / Bruceville - Eddy</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | INDICATE TERM<br><input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED                                             |                                                                                                                                                       |                                                        |                     |
| FULL NAME (First, Middle, Last)<br><u>Joyce Marie McGlothlin</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*<br><u>Joyce McGlothlin</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>604 Eagle Dr.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)<br><u>604 Eagle Dr.</u> |                                                                                                                                                       |                                                        |                     |
| CITY<br><u>Eddy</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STATE<br><u>TX</u> | ZIP<br><u>76524</u>                                                                                                                      | CITY<br><u>Eddy</u>                                                                                                                                   | STATE<br><u>TX</u>                                     | ZIP<br><u>76524</u> |
| PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)<br><u>Jim946225@aol.com</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | OCCUPATION (Do not leave blank)<br><u>Pastor</u>                                                                                         | DATE OF BIRTH<br><u>8/21/1963</u>                                                                                                                     | VOTER REGISTRATION VOID NUMBER <sup>2</sup> (Optional) |                     |
| TELEPHONE CONTACT INFORMATION (Optional)<br>Home: Office: Cell: <u>254-366-4358</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.<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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                                                                          | IN THE STATE OF TEXAS<br><u>61</u> year(s)<br><u>3</u> month(s)                                                                                       |                                                        |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                                                                          | IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED<br><u>25</u> year(s)<br>____ 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) <u>Joyce Marie McGlothlin</u> , who being by me here and now duly sworn, upon oath says:<br>"I, (name of candidate) <u>Joyce McGlothlin</u> of <u>McLennan</u> County, Texas, being a candidate for the office of <u>B-E Council Member</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>Joyce McGlothlin</u><br>SIGNATURE OF CANDIDATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                                                          |                                                                                                                                                       |                                                        |                     |
| Sworn to and subscribed before me this the <u>14<sup>th</sup></u> day of <u>August</u> , <u>2026</u> by <u>Joyce Marie McGlothlin</u> .<br>(day) (month) (year) (name of candidate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                                                          |                                                                                                                                                       |                                                        |                     |
| Signature of Officer Authorized to Administer Oath <sup>4</sup><br><u>Renee Flores</u><br>City Secretary / Notary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                                                                          | Printed Name of Officer Authorized to Administer Oath<br><u>Renee Flores</u><br>My Commission Expires <u>10/21/2029</u><br>Notary ID <u>130831260</u> |                                                        |                     |
| 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<br>This document and \$ _____ filing fee or a nominating petition of _____ pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                                                                          |                                                                                                                                                       |                                                        |                     |
| <u>08/14/2026</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    | <u>08/17/2026</u>                                                                                                                        |                                                                                                                                                       | (See Section 1.007) <u>Renee Flores</u>                |                     |
| Date Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    | Date Accepted                                                                                                                            |                                                                                                                                                       | Signature of Filing Officer or Designee                |                     |