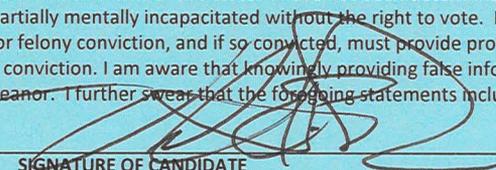
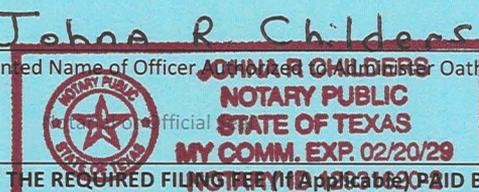


RECEIVED
 2/11/26 D gpc
 9:41am

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

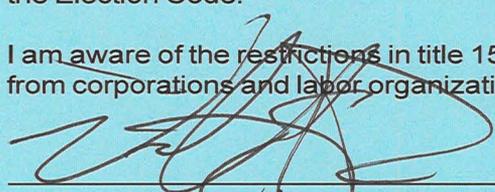
ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL¹ Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE <u>City of Lufkin Ward No. 6</u> GENERAL ELECTION BALLOT					
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.) <u>Ward 6 Councilman</u>				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <u>William Edward Price</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* <u>William Price</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.) <u>509 Jefferson Ave.</u>			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) <u>509 Jefferson Ave.</u>		
CITY <u>Lufkin</u>	STATE <u>TX</u>	ZIP <u>75904</u>	CITY <u>Lufkin</u>	STATE <u>TX</u>	ZIP <u>75904</u>
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) <u>will-will8@hotmail.com</u>		OCCUPATION (Do not leave blank) <u>Commercial Banker</u>	DATE OF BIRTH <u>01/21/1981</u>	VOTER REGISTRATION VOID NUMBER ² (Optional)	
TELEPHONE CONTACT INFORMATION (Optional)					
Home:		Office:		Cell:	
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. <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. ³			IN THE STATE OF TEXAS <u>45</u> year(s) ____ month(s)		IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <u>17</u> year(s) ____ month(s)
This Box Must ONLY be Completed by Candidates for School District Board of Trustees Check the Box Below: <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>William Price</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>William Price</u> , of <u>Angelina</u> County, Texas, Being a candidate for the office of _____, 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  SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this the <u>11</u> day of <u>February</u> , <u>2026</u> , by <u>William Price</u> (day) (month) (year) (name of candidate)					
<u>John R. Childers</u> Signature of Officer Authorized to Administer Oath ⁴			<u>John R. Childers</u> Printed Name of Officer		
<u>Office Administrator</u> Title of Officer Authorized to Administer Oath					
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE. NOTARY FEE PAID BY:					
<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					
_____/_____/_____ Date Received		_____/_____/_____ Date Accepted		_____ Signature of Filing Officer or Designee	

(See Section 1.007)

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.						1 Total pages filed:	
2 CANDIDATE NAME	MS / MRS / MR M	FIRST <i>William</i>	MI <i>E</i>	OFFICE USE ONLY			
	NICKNAME	LAST <i>Price</i>	SUFFIX	Filer ID #			
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>509 Jefferson Ave Lufkin, TX 75904</i>						Date Received
							Date Hand-delivered or Postmarked
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #		Amount \$	
	<i>(936)</i>	<i>366.8893</i>					
5 OFFICE HELD (if any)						Date Processed	
6 OFFICE SOUGHT (if known)	<i>Ward 6 Councilman</i>						Date Imaged
7 CAMPAIGN TREASURER NAME	MS/MRS/MR M	FIRST	MI	NICKNAME	LAST	SUFFIX	
	<i>Michael T Todd Stracener</i>						
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS;		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	<i>711 Jefferson Ave.</i>		<i>Lufkin</i>	<i>TX</i>	<i>75904</i>		
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<i>(936)</i>	<i>366.8633</i>					
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p>						
	 _____ Signature of Candidate				<i>2/11/26</i> _____ Date Signed		
GO TO PAGE 2							