



# City of Hudson

## APPLICANT INFORMATION

Applicant's Name Caleb Ramsey

Applicant's Phone Number 936-414-4479

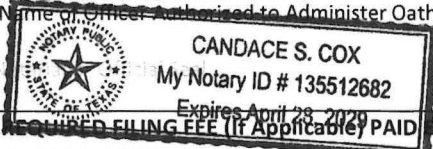
Applicant's Address 686 S FM 1194

WFKIN, TX 75904

Applicant's Email Address CalebRamsey@yahoo.com

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

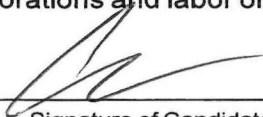
ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL<sup>1</sup> Failure to provide required information may result in rejection of application.

<b>APPLICATION FOR A PLACE ON THE <u>City of Hudson General Election</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.) <u>MAYOR</u>				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <u>CALEB MARIL RAMSEY</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* <u>CALEB RAMSEY</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>686 S FM 1194 LUFKIN, TX 75904</u>			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)		
CITY <u>LUFKIN</u>	STATE <u>TX</u>	ZIP <u>75904</u>	CITY	STATE	ZIP
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)		OCCUPATION (Do not leave blank) <u>NURSE ANESTHETIST</u>	DATE OF BIRTH <u>08,21,1984</u>	VOTER REGISTRATION VOID NUMBER <sup>2</sup> (Optional)	
TELEPHONE CONTACT INFORMATION (Optional) Home: _____ Office: _____ Cell: <u>936-414-4479</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. <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 <u>40</u> year(s) <u>1</u> month(s)		IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <u>3</u> year(s) <u>11</u> 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>CALEB RAMSEY</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>CALEB RAMSEY</u> of <u>ANGELINA</u> County, Texas, being a candidate for the office of <u>City of Hudson</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."					
<b>X</b> _____ SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this the <u>13<sup>th</sup></u> day of <u>February</u> , <u>2020</u> by <u>Caleb Ramsey</u> (day) (month) (year) (name of candidate)					
Signature of Officer Authorized to Administer Oath <sup>4</sup> <u>Candace S. Cox</u> City Secretary			Printed Name of Officer Authorized to Administer Oath <u>Candace S. Cox</u>		
					
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) 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	FIRST <b>CAVEB</b>	MI <b>M</b>	<b>OFFICE USE ONLY</b>			
	NICKNAME	LAST <b>RAMSEY</b>	SUFFIX				
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Received	
	<b>686 S FM 1194 WUFKIN TX 75904</b>					Date Hand-delivered or Postmarked	
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<b>(936) 414-4479</b>			Receipt #		Amount \$	
5 OFFICE HELD (if any)	<b>COUNCIL MEMBER</b>					Date Processed	
						Date Imaged	
6 OFFICE SOUGHT (if known)	<b>MAYOR</b>						
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX	
<b>N/A</b>							
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	<b>N/A</b>						
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<b>( ) N/A</b>						
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			<b>2/13/26</b> _____ Date Signed				
<b>GO TO PAGE 2</b>							