

## City of San Antonio May 3, 2025 General Election Filing Checklist Required Documents to be submitted

The following documents shall be submitted by the Applicant in the order listed below. This form will be utilized for processing by the Office of the City Clerk.

Anita Marie Kealey Applicant Name:

Applicant Name: Mita Manie Regieg		Date:	2/200	
Form Name	Applicant Initials	Office of City Clerk use Only		
	A	Date Received	Staff Initials	
1. Campaign Treasurer Appointment (Form CTA) (fillable)  https://www.ethics.state.tx.us/data/forms/coh/cta.pdf  Office Sought: City Council District 1  Treasurer Name: Diane Sciba Villarreal	and	11/14/2024	77	
Code of Fair Campaign Practices (Form CFCP) –     submission voluntary <a href="https://www.ethics.state.tx.us/data/forms/coh/cfcp.pdf">https://www.ethics.state.tx.us/data/forms/coh/cfcp.pdf</a>	and	2/3/2025	757	
3. Application for a Place on the Ballot (fillable) https://www.sos.state.tx.us/elections/forms/pol-sub/2-49f.pdf  Office Sought: City Council District 1	amb	2/3/2025	pī	
4. Notary Fee for Application \$10	amh,	2/3/2025	PT	
<ol><li>Supplemental residency documents – 2 required:</li></ol>			11	
Valid Texas Driver's License or Identification Card	amk	2/3/2025	PI	
Valid Bexar County Voter Registration Certificate with address matching that as noted on the Application for a Place on the Ballot	ambo	2/3/2025		
Original or copy of current utility bill			11	
Original or copy of most recent personal bank statement	amh	2/3/2025	DI	
Original or copy of most recent government check				
Original or copy of most recent paycheck				
Original or copy of most recent government document with name and address (original to be presented if it contains a photograph)				
6A. Submitted \$100 filing fee OR	and	2/3/2025	カイ	
6B. Petition signatures in lieu of filing fee <a href="https://www.sos.state.tx.us/elections/forms/pol-sub/2-51f.pdf">https://www.sos.state.tx.us/elections/forms/pol-sub/2-51f.pdf</a>				
All petition pages circulated by a single Circulator are considered as one packet. One petition page with a sworn, completed Affidavit of Circulator is required per packet.				
Petition signatures will be verified within 5 calendar days of receipt.				

## COSA - CITY CLERK 1025 FEB 03 PH02:51:15

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

LINFORMATION IS REQUIRED TO BE PROVIDE	D UNLESS INDI	ICATED A	AS OPTIONA	L <sup>1</sup> Failure to p	rovide required	Information	may result in	rejection of applicat
APPLICATION FOR A PLACE O	N THE M	ay 3, 1	2025 Jo	int Gener	ral, Spc,Cl	nt, GENER	AL ELECTI	ON BALLOT
TO: City Secretary/Secretary of Board			(name of					
request that my name be placed on the							low.	
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)			INDICATE 1	ERM [				
City Council District 1				7.1.00.00.00				
FULL NAME (First, Middle, Last) PRINT N			PRINT NAM	INT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*				
Anita Marie Kegley Anita Marie Kegley								
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If PUBLIC MAILING ADDRESS (Optional) (Address for which you rece					ich you receive			
you do not have a residence address, describe lo	cation of reside	ence.)		campaign rel	ated correspond	ence, if availab	ole.)	
CITY	STATE	ZIP	CITY				STATE	ZIP
San Antonio	TX	782	29					
PUBLIC EMAIL ADDRESS (Optional) (Address		ATION (	Do not leav	ave blank) DATE OF BIRTH VOTER REGIST		ISTRATION VUID		
which you receive campaign related emails, if available. churchandpolitics@kegley=	in & Profe	eeior	nal Inspe	octor			NUMBER <sup>2</sup> (0	Optional) 1745
FELEPHONE CONTACT INFORMATION (Opt		255101	iai ilispe	ector			106632	1745
Home:		fice:				Cell		
FELONY CONVICTION STATUS (You MUST			LENGTH	OF CONTINU	OUS RESIDENCE		THIS APPLICA	TION WAS SWORN
I have not been finally convicted of a f	felony.		INT				ERRITORY/DISTRICT/PRECINCT FROM	
I have been finally convicted of a felor		been	48 year(s)		WHICH THE	VHICH THE OFFICE SOUGHT IS ELECTED vear(s)		
pardoned or otherwise released from disabilities of that felony conviction ar		ided			CD year(s)			
proof of this fact with the submission	of this applica	tion.3	3 month(s)		$_{\infty}$ month(s)			
*If using a nickname as part of your name to	o appear on th	he ballot	t, you are al	so signing an	d swearing to t	he following	statements:	further swear that
my nickname does not constitute a slogan been commonly known by this nickname fo	or contain a t	title, no	r does it ind	dicate a politi	cal, economic,	social, or rel	ligious view o	r affiliation. I have
Election Code regarding the rules for how r	names may be	listed o	n the officia	al ballot.	ease review sec	.0005 52.051	, 52.032 and :	52.033 of the Texas
Before me, the undersigned authority, on t	his day persor	nally app	peared (nan	ne of candida	te) Anita M	arie Keg	ley	, who
being by me here and now duly sworn, upo	n oath says:			_				,
(I, (name of candidate) Anita Marie K			, of Bexar County, Texas,				nty, Texas,	
being a candidate for the of City	Council	Distric	ct 1		swear that I v	vill su <b>pport</b> a	and defend th	e Constitution and
aws of the thick states and the State of this state of have into per delice. Wed by	of Texas. I am	a citize	n of the Un	ited States el	igible to hold s	uch office un	nder the const	titution and laws of
mentally means it ted with the with the	vote. I am av	ware of	the nepotis	m law, Chapt	er 573. Govern	ment Code.	I am aware t	that I must disclose
mentally men								
any such final feepny conviction aware that knowingly providing false information on the application regarding my possible felony conviction								
status consultates actions 9 mixed trainer. I further swear that the foregoing statements included in my application are in all things true and correct."								
X Line Con								
	201		W-21 623		OF CANDIDA			
Sworm to and subscribed before me this the		of	Februar				arie Kegle	
1 . 7 . 1	(day)		(month)	*	(year)	(n	ame of candid	late)
Nemue 2 2	roun.			1	) enice	J	revil	10
Signature of Officer Authorized to Administ	er Oath4			Printe	d Name of Off	icer Authoriz	ed to Adminis	ter Oath
Notary					Notarial or O	fficial Spal		
Title of Officer Authorized to Administer Oa								
TO BE COMPLETED BY FILING OFFICER:	THIS APPLICA	ATION IS	S ACCOMP	ANIED BY TH	E REQUIRED	FILING FEE (	If Applicable	) PAID BY:
CASH CHECK MONEY ORDER								
This document and \$ filing fee	or a nomina	iting per	tition of	pages r	eceived.	Voter	Registration	Status Verified
02,03,2025 0210	3 12025	15	ee Section	1.007)	Della	1/2	na	sittu-
Date Received Date Accept					nature of Filir	ng Officer or	Designee	