

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE PLANO ISD Board of Trustees, Place 3 GENERAL ELECTION BALLOT

TO: City Secretary/Secretary of Board

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.)

Place 3

INDICATE TERM

FULL

UNEXPIRED

FULL NAME (First, Middle, Last)

LYNN ANN WALLING

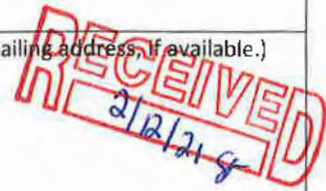
PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT¹

LYNN WALLING

PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.)

1525 GENEVA LN

PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)



FE 1 49P+

CITY
PLANO

STATE
TX

ZIP
75075

CITY

STATE

ZIP

PUBLIC EMAIL ADDRESS (If available)

OCCUPATION (Do not leave blank)

small business employment

DATE OF BIRTH



VOTER REGISTRATION VOID NUMBER (Optional)²

TELEPHONE CONTACT INFORMATION (Optional)

Home:

Work:

Cell:

LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN

IN STATE

28 year (s)

4 month(s)

IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED³

___ year (s)

11 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 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.

Before me, the undersigned authority, on this day personally appeared (name) LYNN ANN WALLING, who being by me here and now duly sworn, upon oath says:

"I, (name) LYNN WALLING of COLLIN County, Texas, being a candidate for the office of PLANO ISD BOARD OF TRUSTEES, 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 finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. 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 further swear that the foregoing statements included in my application are in all things true and correct."

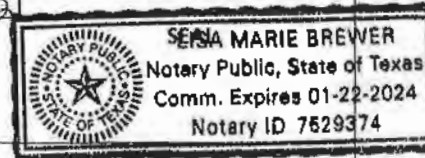
X Lynn A Walling

SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at Ms. Parcel, this the 12th day of February, 2021

Sena Marie Brewer
 Signature of Officer Administering Oath⁴

Manager
 Title of Officer Administering Oath



TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:
 (See Section 1.007)

Date Received

2/12/21

Signature of Secretary

[Signature]

Voter Registration Status Verified

**AMENDMENT: APPOINTMENT OF A
CAMPAIGN TREASURER BY A CANDIDATE**

**FORM ACTA
PG 1**

1 CANDIDATE NAME LYNN WALLING	2 FILER ID #	3 Total pages filed:
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**See ACTA Instruction Guide for detailed instructions.
Use this form for changes to existing information only. Do not provide information previously disclosed.**

4 CANDIDATE NAME	<input type="checkbox"/> NEW	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX	OFFICE USE ONLY Date Received <div style="font-size: 2em; color: red; text-align: center; border: 2px solid red; padding: 5px; transform: rotate(-5deg); display: inline-block;">RECEIVED</div> 2/21/21 Date Hand-delivered or Postmarked Receipt # Amount \$ Date Processed Date Imaged
5 CANDIDATE MAILING ADDRESS	<input type="checkbox"/> NEW	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE						
6 CANDIDATE PHONE	<input type="checkbox"/> NEW	AREA CODE	PHONE NUMBER		EXTENSION			

7 OFFICE HELD (if any)	<input type="checkbox"/> NEW							
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8 OFFICE SOUGHT (if known)	<input type="checkbox"/> NEW	PLANO BOARD OF TRUSTEES, PLACE 3						
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9 CAMPAIGN TREASURER NAME	<input type="checkbox"/> NEW	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX
MISS LYNN A WALLING							

10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	<input type="checkbox"/> NEW	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE	ZIP CODE
1525 GENEVA LN PLANO TX 75075						

11 CAMPAIGN TREASURER PHONE	<input type="checkbox"/> NEW	AREA CODE	PHONE NUMBER		EXTENSION
(214) 864 2890					

12 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> <p style="text-align: center;"> _____ Signature of Candidate </p> <p style="text-align: right;"> _____ Date Signed </p>						
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GO TO PAGE 2

FEB 23 3:21 PM