2-55
Prescribed by Secretary of State
Section 146.052, 146.053, 146.054, Texas Election Code;
Section 11.056, Texas Education Code; Section 49.101, Texas Water Code

DECLARATION OF WRITE-IN CANDIDACY FOR CITIES, SCHOOL DISTRICTS AND OTHER POLITICAL SUBDIVISIONS

L INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL Failure to provide required information may result in rejection of application	
DECLARATION OF WRITE-IN CANDIDACY FOR	
(Name of City, School District or Other Political Subdivision)	
TO: Filing Officer 2-13-25 M	
I declare that I am a write-in candidate for the office indicated below.	SECENTED SECOND
OFFICE SOUGHT (Include any place number or other distinguishing nu	mber, if any.) INDICATE TERM
alderman	FULL UNEXPIRED
FULL NAME (First, Middle, Last)	PRINT NAME AS YOU WANT IT TO APPEAR ON THE LIST OF DECLARED
Courtney S. Cox	WRITE-IN CANDIDATES*
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. I	Courtney Cox
you do not have a residence address, describe location of residence.)	f PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)
DEDACTED	DEDACTED
NLDAGILD	KEDACTED
CITY STATE ZIP	CITY
Walli5	Wallis TX 77485
PUBLIC EMAIL ADDRESS (Optional) (Address for OCCUPATION (Do not	
which you receive campaign related emails, if available.) Cowrney Scoxes Normal Lang Salles	
TELEPHONE CONTACT INFORMATION (Optional)	
Home: REDACTED Office: Cell: REDACTED	
	OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN
The state of the s	THE STATE OF TEXAS IN TERRITORY/DISTRICT/PRECINCT FROM
I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting	49 year(s) WHICH THE OFFICE SOUGHT IS ELECTED
disabilities of that felony conviction and I have provided	
proof of this fact with the submission of this application. ³	month(s) 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.	
Acres C. Cont	
Before me, the undersigned authority, on this day personally appeared (name of candidate) COWNEY S. COX , who being by me here and now duly sworn, upon path says;	
"I, (name of candidate) Couriney Cox, of Fort Bend County, Texas,	
h h	
being a candidate for the office of	
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,"	
V // /	
, , , , , , , , , , , , , , , , , , ,	Court & Copo
SIGNATURE OF CANDIDATE	
Sworn to and subscribed before me this the 2nday of February 2025 by Courtney Cox	
(day) (month) (year) (name of candidate)	
ROXANNE MATLOCK	
Signature of Officer Authorized to Administer Oath Comm. Expires 05 108 282 81 me of Officer Authorized to Administer Oath Comm. Expires 05 108 282 81 me of Officer Authorized to Administer Oath Comm.	
Signature of Officer Authorized to Administer Oath Comm. Expires 05 108-202 Name of Deficer Authorized to Administer Oath Caxos Notary ID 11256455	
Notary Notary ID 11256455	
Title of Officer Authorized to Administer Oath	William .
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:	
☐ CASH ☐ CHECK ☐ MONEY ORDER ☐ CASHIERS CHECK OR ☐ PETITION IN LIEU OF A FILING FEE.	
This document and \$ filing fee or a nominating petition of pages received. Uvoter Registration Status Verified	
/(See Section 1.007)	
Date Received Date Accepted	Signature of Filing Officer or Designee
Date Necessed Signature of Filing Officer of Designee	