

**DECLARATION OF INTENT TO RUN AS AN INDEPENDENT CANDIDATE  
 FOR THE GENERAL ELECTION FOR STATE AND COUNTY OFFICERS**  
 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.

**DECLARATION OF INTENT TO RUN AS AN INDEPENDENT CANDIDATE**

TO: \_\_\_\_\_

(Secretary of State (for a statewide or district office) or County Judge (for a county or precinct office))

I hereby declare my intent to run as an independent candidate for the below-named office.

<b>OFFICE SOUGHT</b> (Include any place number or other distinguishing number, if any.)	<b>INDICATE TERM</b> <input type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED
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**FULL NAME** (First, Middle, Last) \_\_\_\_\_

<b>PERMANENT RESIDENCE ADDRESS</b> (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.)	<b>PUBLIC MAILING ADDRESS (Optional)</b> (Address at which you receive campaign related correspondence, if available.)
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<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
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<b>PUBLIC EMAIL ADDRESS (Optional)</b> (Address for which you receive campaign related emails, if available.)	<b>OCCUPATION (Do not leave blank)</b>	<b>DATE OF BIRTH</b> / /	<b>VOTER REGISTRATION VOID NUMBER<sup>2</sup> (Optional)</b>
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**LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN**

<b>TELEPHONE CONTACT INFORMATION (Optional)</b> Home: Office: Cell:	<b>IN THE STATE OF TEXAS</b>  ____ month(s)  ____ year(s)	<b>IN THE COUNTY</b>  ____ month(s)  ____ year(s)	<b>IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED</b>  ____ year(s)  ____ month(s)
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**X** \_\_\_\_\_  
**SIGNATURE OF CANDIDATE**

State of Texas, County of \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_  
 (name of person declaring intent to run as an independent candidate)  
 known to me to be the person whose name is subscribed to the foregoing instrument in writing, and acknowledged to me that he or she executed the same for the purpose therein stated.

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.  
 (day) (month) (year) (name of candidate)

\_\_\_\_\_  
 Signature of Officer Authorized to Administer Oath<sup>3</sup>

\_\_\_\_\_  
 Printed Name of Officer Authorized to Administer Oath

Notarial or Official Seal

\_\_\_\_\_  
 Title of Officer Authorized to Administer Oath

**TO BE COMPLETED BY SECRETARY OF STATE OR COUNTY JUDGE:**

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

**X** \_\_\_\_\_  
 Signature of Secretary of State or County Judge or Designee

Date Approved \_\_\_\_/\_\_\_\_/\_\_\_\_

**X** \_\_\_\_\_  
 Signature of Secretary of State or County Judge or Designee