FAX

						S. Luis
			ATION AND AC	CEPTANCE	32-1-804.3	11000
	ROBERT				32-1-604.371-	TUEVE
ho reside at	(full name of the	candidate as the	name will appear o	n the ballot)	1-1	MAR 1 2
no (eside at	19255 WK	KONDA	WAY			EL PASO COLL
	(residence street	name and number)) :	(ø.)	ELECTION DE
		0x H /12	-		<u> </u>	Stack
	(mailing	address if differer	nt from residence a	iddress)		
			NENT BO	2510		*
		(city or to	wn, zip code)			
			PASO			
ereby nomina	ite myself and accept	•	county) I for the office of Di	rector for alliano	1 2) year tern	n on the
-	tors of MON			-		
	ill serve if elected			District		of election)
	m an eligible elector	of MONO	UMBUT SA	VITATION	(Value c	District
	ible elector at the dat				m,	District
Robour	- J. KUCHEK		11 Via		+88-9723 er of candidate)	_
	e of candidate)	16 Steel	signature of candida	ata\	02 · 21 - 0 (date)	6
Bax	178	residence street r	name and number)			,
(city o	or town, zip code)	(county)			713 481	3448
(printed	RD-LAP (d name of witness)	(signature	of witness)	James	(phone numb (date)	
atrict not les Is form musi	L INSTRUCTIONS: se than 67 days prio t be filed with the co EO to verify the offic	r to the regular ounty clerk and	election. To meet	Fair Campaign	Practices Act red	THE MIGHTS