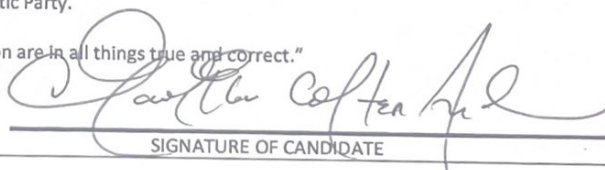



All information is required to be provided unless indicated as optional.

APPLICATION OF CANDIDACY FOR OFFICE OF COUNTY CHAIR OF THE HARRIS COUNTY DEMOCRATIC PARTY

TO: County Party Secretary

I request that I be considered for election to the office of County Chair of the Harris County Democratic Party when the vacancy in that office is filled by the County Executive Committee at its March 19, 2023, meeting.

| | | | | | |
|---|--------------------|---|---|---|---------------------|
| FULL NAME (First, Middle, Last) CHAROLETTA COLTER ANDERSON | | | | | |
| PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) 5771 REED RD | | | PUBLIC MAILING ADDRESS (Address for which you receive correspondence.) 2800 KIRBY DR # B415 | | |
| CITY HOUSTON TX | STATE TX | ZIP 77033 | CITY HOUSTON TX | STATE TX | ZIP 77098 |
| EMAIL ADDRESS (if available) theandersongroup@mcom.com | | OCCUPATION Ph.D | DATE OF BIRTH 12/06/1969 | VOTER REGISTRATION VUID NUMBER 1108958701 | |
| CONTACT INFORMATION Home: 713-865-6554 | | LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN IN STATE OF TEXAS: 53 year(s) | | IN PRECINCT: 53 year(s) | |
| Work: 713-865-6554 | | month(s) 3 | | month(s) 3 | |
| Cell: month(s) 3 | | month(s) 3 | | month(s) 3 | |
| Before me, the undersigned authority, on this day personally appeared (name) CHAROLETTA COLTER ANDERSON , who being by me here and now duly sworn, upon oath says: | | | | | |
| "I, (name) CHAROLETTA COLTER ANDERSON of Harris County, Texas, being a candidate for the office of County Chair of the Harris County Democratic Party and Chair of its County Executive Committee, 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 am 18 years of age or older and a qualified voter in, and a resident of, Harris County, Texas. I am not a candidate for, nor holder of, an elective office of the federal, state, or county government. I have not voted in a primary election or participated in a convention of another party during this voting year. I hereby affiliate myself with the Democratic Party. | | | | | |
| I further swear that the foregoing statements included in my application are in all things true and correct." | | | | | |
| X  SIGNATURE OF CANDIDATE | | | | | |
| Sworn to and subscribed before me at Houston, TX this the 4 day of March 2023. | | | | | |
| Signature of Officer Administering Oath  | | Title of Officer Administering Oath Notary Public | | | |
| TO BE COMPLETED BY SECRETARY: | | | | | |
| Date Received | | | Signature of Secretary | | |

