

July 5, 2023

City of Bayard Council

800 Central Avenue

Bayard, NM 88023

Dear Council Members,

I, John L. (Larry) Ojinaga, would like to express my interest in the open vacancy of Councilor for the City of Bayard. If chosen for this opportunity, I could assist fellow council members in making the City of Bayard a better place to live, work, and visit. I have a deep understanding of Bayard to include its strengths and challenges.

I am retired and will have ample time to assist the city with any issues and concerns that arise from our citizens. I have been a resident of Bayard since 1967. I served the City of Bayard as a Volunteer Firefighter for over thirty years. In addition to my previous service as Volunteer Firefighter I have also previously served in many various community and professional roles to include:

- Previous President and Executive Board Member of Local Machinist Union Lodge 1563
- Copper Little League Coach and Manager
- Hurley LULAC

I appreciate your consideration in my interest in this open position with the City of Bayard Council. If you have any questions, please feel free to contact me at 505-538-8442 or at larry.ojinaga@gmail.com

Respectfully submitted,

A handwritten signature in black ink that reads "John L. Ojinaga". The signature is written in a cursive style with a large, looping initial "J".

John L. (Larry) Ojinaga

PERSONAL INFORMATION				Protected: See Privacy Notice <small>This information will be copied</small>		
1	NAME Last OJINAGA JOHN LAWRENCE	First JOHN	Middle Name or Initial LAWRENCE	Gender Male	Birth Date 23-Aug-1949	Social Security Number 585485746
2	PHYSICAL STREET ADDRESS WHERE YOU LIVE NOW					
	Street Address 408 HURLEY AVE	Apartment, Unit, or Lot #	City BAYARD	Zip 880230000		
3	ADDRESS WHERE YOU GET YOUR MAIL (If different from above)					
	Address PO BOX 587		City BAYARD	Zip 880230587	34W	
4	If you are changing your name on this application, under what full name were you previously registered?					
Last Name - First Name - Middle Name or Initial						
POLITICAL PARTY		DAYTIME TELEPHONE NUMBER (optional)		POLL WORKER		
5	NOTE: You must name a major political party to vote in primary elections. ▶▶▶	Party Democratic	If you choose NO PARTY, check this box: <input type="checkbox"/>	6	5755388442	May the County Clerk make this telephone number public for election purposes? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
7		I hereby authorize you to cancel my previous registration in the following county and state.		Would you like to serve as an election day precinct worker? <input type="checkbox"/> YES		
		City or Township		County		
				State		
Please answer the following questions:				ATTESTATION OF QUALIFICATION		
8	Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Will you be 18 years of age on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		I swear/affirm that I am a citizen of the United States and a resident of the state of New Mexico; that I have not been denied the right to vote by a court of law by reason of mental incapacity; that I am, or will be at the time of the next election, 18 years of age; and, if I have been convicted of a felony, I have completed all conditions of parole and supervised probation, served the entirety of a sentence or have been granted a pardon by the governor. I further swear/affirm that I am authorizing cancellation of any prior registration to vote in the jurisdiction of my prior residence; and that all the information I have provided is correct.	
		If you checked "NO" to any of the questions above, do not complete this form. If you have been convicted of a felony and are currently on parole or supervised probation do not complete this form.		SIGN YOUR FULL NAME OR MARK ON THE LINE BELOW:		
		TODAY'S DATE Month Day Year 7 / 20 / 2021		[Signature]		
9	Name of agent who assisted you in filling out this form:	VRA ID #				

DO NOT WRITE IN SHADED AREAS - FOR CLERK USE ONLY

Accepted for filing in County Registration Records
Date: 7/21/21
Filing Clerk: *Marisa Castrejo*

1012909
JOHN LAWRENCE OJINAGA
PARTY: DEM PCT: 026 CD: 02 SS: 28
LEG: 39 PEC: 06 CC: 02 MUN: 206
SCH D/B: COL D/B:

IN ORDER TO PROCESS YOUR CERTIFICATE OF REGISTRATION, YOU MUST COMPLETE AND SIGN THIS APPLICATION.

YOU MUST SIGN FROM

PRIVACY NOTICE

Your Social Security number and date of birth are required to register to vote. Pursuant to New Mexico law, the secretary of state, county clerk or any other

CERTIFIED A TRUE COPY AND
IN FULL FORCE THIS 5th
DAY OF JULY 2021
Marisa Castrejo
Grant County Clerk
By *[Signature]*