

## SIGNATURES-IN-LIEU PETITION APPLICATION

Note: This is a public document which can be made available upon receipt of the appropriate request from an inidividual or organization.

		Can	didate Informat	tion		
Name as it is to appear on In Lieu Petition						
Office (include district if applicable)						
Arguest the Jacobski and C						
Are you the Incumbent?						
Yes No Party Preference (For Voter-Nominated Offices)						
	P	'arty Preierence	e (For Voter-Non	<u>nihated Oili</u>	ces)	
		Re	esidence Addres	S		
Optional for Judicial Candidates [EC 8023(c)]. However, must be provided to the Elections Official for verification.						
,	Chronit	011		Chala	71	
Number	Street	Cit	Mailing Address	State	Zip	
Number	Street	Cit B	y Business Address	State	Zip	
Dusinuss Audi Css						
Number	Street	Cit		State	Zip	
	Day: (		Phone Evening:	( )		
	Day: ( )	<del>Vour</del> Authoriz		,	1\	
Your Authorized Representative (Optional)						
Name						
			Address			
			Audioss			
Number	Street	Cit		State	Zip	
	Dav. (		Telephone Evening:	/ )		
Day: ( ) Evening: ( )  Nomination Signatures						
Do you request the In-Lieu signatures also be used for Nomination Signatures?						
		Yes	No			
		(	Office Use Only			
Voter Registration Number						
Confidential Voter?						
		Yes	No			
			sidential Address	<u>within Dist</u>	rict	
		Yes	No			

Last Updated: 12/17/2013