



## Candidate Application

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

### Candidate Information

Name as you are registered to vote				
First	Middle	Last		
Office (include district if applicable)				Are you the Incumbent?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
Residence Address				
Optional for Judicial Candidates [EC 8023(c)]. However, must be provided to the Elections Official for verification.				
Number	Street	City	State	Zip
Mailing Address				
Number	Street	City	State	Zip
Phone Numbers				
Daytime	Evening		Fax	
E-mail Address			Web Address	
Name to appear on the ballot				First Initial of Last Name
Ballot Designation				
FEDERAL/ STATE OFFICES ONLY: I would like the Primary and General Election Ballot to reflect the following (Select One):			Will you file a Candidate Statement?	
<input type="checkbox"/> My Party Preference as disclosed on my most recent registration			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> No Party Preference listed				

I declare under penalty of perjury that I am a resident of the district or trustee area for which I am running for (exception: Congressional Offices).

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Election Official to complete back of application

**Office Use Only**

Voter ID Number	Confidential Voter?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Registration	If Incumbent
	Appointed <input type="checkbox"/> Elected <input type="checkbox"/>
Precinct Number	Registered Residential Address within District?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If district qualification discrepancy, verify residency on map. Attach map signed by candidate to application.</b>	
Date Verified: _____ Verified By: _____	

<b>Name of Election Officer who assisted the Candidate</b>	
Print Name: _____ Sign Name: _____	