



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"/>
If district qualification discrepancy, verify residency on map. Attach map signed by candidate to application.	
Date Verified: _____ Verified By: _____	

Name of Election Officer who assisted the Candidate	
Print Name: _____ Sign Name: _____	