



CANDIDATE APPLICATION

Note: This is a public document which can be made available upon request.

Candidate Information

Name as you are registered to vote

Office (include district if applicable)

Are you the Incumbent?

Yes No

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

Business Address

Number Street City State Zip

Telephone Number

Day: () Evening: ()

Email

Fax Number

Will you file a Candidate Statement?

() Yes No

Name to appear on the ballot

Ballot Designation

I declare under penalty of perjury that the above is true and correct.

Signature: _____

Office Use Only

Voter Registration Number

Confidential Voter?

Yes No

Date of Registration

If Incumbent

Appointed Elected

Voting Precinct Number

Registered Residential Address within District?

Yes No

If verified on map

Date Verified:

Verified By: