For Official	Use	Only
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4 - Year Term

	Cai	ididate s	otatement o	n mere	est	2 - Year Term
as a candidate	for the o	office of _			District_	
the nomination held on Tuesday			-			Election to be
Candidate Infor	mation:					
Name:	Last:		F	First:		
Residence Address:	Street:					
	City:		State	:	Zip Code:	
Mailing Address:	Street:					
	City:		State:		Zip Code:	
Primary Phone:	( )	-				
Alternate Phone:	( )	-				
Email:						
Website:						
By submaignatures collect subject to challe	cted before	the date of	this Statement		•	ination petition alid and may be
Signature					Date	