

# CANDIDATE INFORMATION REQUEST FORM

ELECTION DATE: November 5, 2024 General Election

Date: \_\_\_\_\_ Incumbent:  Yes  No (if yes)  Elected  Appointed

## Name of Candidate (as registered)

My Name is (check one box):  Masculine  Feminine  Androgynous or Non-binary  Other: \_\_\_\_\_

FIRST \_\_\_\_\_ MIDDLE (do not include hyphenated last name) \_\_\_\_\_ LAST (include all or hyphenated last names) \_\_\_\_\_

## Name of Candidate (as it is to appear on the Nomination Documents)

My Name is (check one box):  Masculine  Feminine  Androgynous or Non-binary  Other: \_\_\_\_\_

FIRST \_\_\_\_\_ MIDDLE (do not include hyphenated last name) \_\_\_\_\_ LAST (include all or hyphenated last names) \_\_\_\_\_

## Candidate Resident Address (as registered)

## Candidate Mailing Address (if different than resident address)

Day Phone (include area code) \_\_\_\_\_ Evening Phone (include area code) \_\_\_\_\_ Mobile Phone (include area code) \_\_\_\_\_

## Email Address

## Name of Office Sought

## Jurisdiction

Running for (check one box):  Full Term  Short Term  Recall

## PHONETIC SPELLING OF NAME (REQUIRED)

In the area below, please *spell your name phonetically*, exactly as you wish it to be recorded and heard by voters using the audio ballot. This must match your requested name on the Declaration of Candidacy form.

Example Name: Ryan Nunez

First Name (*Rye - in*) \_\_\_\_\_ Middle or Nick Name (*if requesting*) \_\_\_\_\_ Last Name (*Noon - Yez*) \_\_\_\_\_

## FOR OFFICE USE ONLY

Contest Number \_\_\_\_\_ Candidate Number \_\_\_\_\_ Filing Date \_\_\_\_\_

Affidavit Number \_\_\_\_\_ District Code \_\_\_\_\_ Precinct Number \_\_\_\_\_

Registration Date \_\_\_\_\_ Previous Reg. Date & Party (*only Primary Election*) \_\_\_\_\_