

CANDIDATE INFORMATION REQUEST FORM

ELECTION DATE: November 7, 2023 Special 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*) _____