

I do not elect to file a Statement of Qualifications. Signed: _____

STATEMENT OF QUALIFICATIONS COVER SHEET

Estimated fee for printing statement is: \$_____.

I hereby request that the attached statement be printed in the Voter Information Pamphlet portion of the County Voter Information Guide. I understand the cost of said statement is an estimate and agree to pay for any additional costs associated with its printing and distribution. I further understand that this statement shall be printed as submitted.

I declare under penalty of perjury that the information contained herein is true and correct.

Dated this _____ day of _____, 20_____.

Signature of Candidate

NAME: _____

OCCUPATION: _____
(Occupation in Statement is not subject to Ballot Designation 3 word limitation. If left blank, nothing will be printed).

AGE: _____ (Optional)

Information below is optional and will count toward your word limit if added to your statement.

EMAIL: _____

WEBSITE: _____

TELEPHONE: _____

STATEMENT OF WITHDRAWAL

In the event there is no opposition for this contest, please do not print this statement.

Date Candidate Signature

I hereby withdraw my Statement of Qualifications pursuant to Elections Code Section 13307(a)(3). Statements may be withdrawn until 5:00 p.m. on the next working day following the close of the Nomination Period (or extended nominations, if applicable).

Date Candidate Signature

WORD COUNT: _____

VERIFIED BY DEPUTY: _____