

# Acceptance of Designation Form

## County Candidate

For office use only

### 1 Office information Select or print which office and district (if applicable) you are running for.

Office \_\_\_\_\_ District \_\_\_\_\_

### 2 Candidate name Enter both your full legal name and your name exactly as it will appear on the official ballot.

Full legal name \_\_\_\_\_

On-ballot name \_\_\_\_\_

### 3 Candidate address Enter your physical address; PO Boxes or mailing addresses are not acceptable.

Address (not P.O. Box) \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### 4 Mailing address Enter your mailing address; PO Boxes are acceptable.

Address \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### 5 Contact information Enter your phone number(s) and email address(es) as applicable.

Candidate personal phone number \_\_\_\_\_

Candidate business or campaign phone number \_\_\_\_\_

Candidate email address \_\_\_\_\_

Campaign email address \_\_\_\_\_

### 6 Voter registration Information Enter the information on file with your county clerk.

Year of birth \_\_\_\_\_ County of registration \_\_\_\_\_

Party affiliation \_\_\_\_\_

### 7 Affirmation Candidate should read affirmation then sign and date.

I hereby accept the nomination and affirm that I meet all qualifications for the office prescribed by law. Furthermore, the information provided on this form is, to the best of my knowledge, true and correct.

Candidate, sign in blue or black ink (Required)

X

Date (mm/dd/yyyy) \_\_\_\_\_

No notarization is required for this form

### 8 Submit Send this form electronically or in person using the information below.

Designation and acceptance forms **must be filed no later than 4 days after adjournment** of the party assembly. Scan and email this form to county clerk and recorder.

Originals must also be mailed and **postmarked no later than 10 days after the adjournment** of the assembly to county clerk and recorder.