

## YOLO COUNTY ELECTIONS







l,(Print name of candidate)	, candidate for	the office of			······································
(Print name of candidate)			(Print i	name of office)	
hereby authorize	person)	to obtain and/or file	e the following	g nomina	tion documents
on my behalf for the(Print name and date of	election)	_Election.			
Check the applicable box(s):					
Obtain Nomination Documents		Obtain Declaration	n of Candida	су	
File Nomination Documents		File Declaration of Candidacy			
File Candidates Statement					
Check one:					
Yes, I authorize the person written a	above to make a	any changes and/o	r corrections	to my noi	mination documents
No, I do not authorize the person widocuments.	ritten above to r	make any changes	and/or correc	ctions to r	my nomination
Complete the following:					
Current residence address:	ess	City	State	Zip Code	
Mailing address (if different from above):					
	Street Address or PO Bo	ox City		State	Zip Code
Telephone Number(s):		_ and/or _			
Daytime Telep	phone		Ever	ning Telephone	
Internet Address:		and/or	Website A	Notation -	
I am aware that said documents and the executed and filed at the Yolo County El period (E-88). EC 8028(b), 8064, 8020(d)	Declaration of ections Office	Candidacy, if app no later than the	olicable, mus	st be pro	perly ation
Printed Name					
Signature of Candidate		Date			