



# Yolo County Elections

## Candidate Preliminary Information Form

(Please Print Legibly)

Office Applying for: \_\_\_\_\_

Division/Area/District: \_\_\_\_\_ Party: \_\_\_\_\_  
(If Applicable) (If Applicable)

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Primary Telephone  Home  Business/Work  Cell

\_\_\_\_\_  
Secondary Telephone  Home  Business/Work  Cell

Email Address: \_\_\_\_\_

Name of Authorized Contact Person: \_\_\_\_\_  
(Other Than Candidate)

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

**I understand, as a candidate for public office, my voter registration information is public record.** Therefore, the Registrar of Voters office has informed me that my residential address will be distributed upon request to the public on a candidate listing provided by the registrar of voters office **unless** I provide another address (business or mailing) to be used in its place.

**The filing fees for all candidates** shall be paid at the time the candidates obtain their nomination forms or file their required declaration of intention (if applicable) from the county elections official. All filing fees received by the Secretary of State and county elections officials are nonrefundable. § 8105

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### OFFICE USE ONLY

Registration Verification: <b>** Print DFM EIMS Screens **</b>		
Precinct #:	Affidavit #:	Registration Date:

### All County, School District, & Judicial Offices: Completed Declaration of Qualifications

Nomination Packet:		
<input type="checkbox"/> Signatures-In-Lieu <input type="checkbox"/> Nomination	Issued By:	Date Issued: