



YOLO COUNTY ELECTIONS

CANDIDATE STATEMENT FORM

(Elections Code Sections 13307-13309, 13311-13314)



OFFICE: _____

ELECTION: _____

DATE OF ELECTION: _____

I wish to have my statement in the following languages:

- | | | |
|--|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Chinese
(中文) | <input type="checkbox"/> Korean
(한국어) |
| <input type="checkbox"/> Punjabi
(ਪੰਜਾਬੀ) | <input type="checkbox"/> Russian
(русский) | <input type="checkbox"/> Spanish
(Español) |
| <input type="checkbox"/> Other | | |

NOTICE TO CANDIDATE:

The statement shall consist of a brief description of not more than _____ words and _____ paragraphs of your education and qualifications. The governing body conducting this election has determined that the cost of the statement is the responsibility of the _____.

The estimated cost of printing and mailing the following statement is \$ _____.

You may include the optional age and occupation. All statements will be printed in a style determined by the Yolo County Elections Office in the Yolo County Voter Information Guide (VIG).

Your statement will be printed exactly as submitted.

- I do not wish to file a candidate statement of qualifications.
- I state that I have prepared the candidate statement which is to be printed in the county voter information guide and mailed to each registered voter within my district. **I understand that I will pay the actual cost incurred for the candidate statement.**
- I am indigent and unable to pay the advance costs for a candidate statement. Attached is a financial statement pursuant to Elections Code Section 13309 and a release authorizing you to obtain a copy of my most recent federal income tax form. I certify under penalty of perjury under the laws of the State of California that the financial statement is true and correct.
- If unopposed, I wish to withdraw my candidate statement.

Signature of Candidate: _____ Print Name: _____

The information submitted below will appear in the
County Voter Information Guide exactly as submitted

Print Name for CVIG (required): _____

AGE: (optional) _____

OCCUPATION: (optional – may be more descriptive than the ballot designation that
what will appear on the ballot): _____

EDUCATION AND QUALIFICATIONS: (Word count of statement begins after this heading)