



Qualifications for Office

I, _____, do hereby declare that I meet the qualifications established for service in the office of:

_____.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____, at _____, California

Signature of Candidate

OFFICE USE ONLY

Official Filing Form
County Elections Official
By: _____
Date Issued: _____

Filed in County of: _____
County Elections Official
By: _____
Date Received: _____