

To obtain and/or file candidate nomination documents

l,	, candidate fo	or the c	he office of, (Print name of office)			
hereby	authorize	to o	otain and/or fi	le the following	g nomina	ition documents
on my l	pehalf.					
Check	the applicable box(s):					
	Obtain Nomination Documents] Ob	tain Declarati	on of Candida	су	
	File Nomination Documents] File	File Declaration of Candidacy			
	File Candidates Statement					
Che	ck one:					
	Yes, I authorize the person written above to make	ce any c	changes and/	or corrections	to my no	mination document
	No, I do not authorize the person written above to make any changes and/or corrections to my nomination documents.					
Compl	ete the following:					
Current	t residence address:	City		State	Zip Code	
Mailing	address (if different from above): Street Address or PC	О Вох	City		State	Zip Code
Telepho	one Number(s):	and/or		Ever	ning Telephone	
	20,000 100,000				mig relepitent	
Internet Address:			and/or			
I am av	vare that said documents and the Declaration ed at the Sacramento County Elections office r			plicable, mus	t be pro	
Printed Nam	ne					
Signature of	f Candidate		Date			