

CANDIDATE WORKSHEET

Candidates Name

Office Sought (Including district, division, or trustee area number if applicable)

PLEASE COMPLETE THIS FORM FULLY. Check mark the boxes for the contact information you would like us to release to the public. *Candidates must release at least one address (with the exception of judges) and one phone number to the public.*

Residence Street Address (required) City Zip

Mailing Address City Zip

Campaign Address City Zip

_____ _____
Daytime Telephone Number Evening Telephone Number

_____ _____
Campaign Telephone Number Fax Telephone Number

_____ _____
Cell Telephone Number Email Address

Website Address

On occasion, the Election Department may need to quickly reach you. Which telephone number should we use to reach you?

COMPLETE THE INFORMATION BELOW ONLY IF APPLICABLE

Nomination papers received by (if other than candidate

Representative Address

City

Zip

Representative Telephone Number