

STATE BOARD OF ELECTIONS

PLEASE PRINT NAME AS IT APPEARS ON PETITION SHEET #1

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

Campaign Website Address (optional)

http://_____

OFFICE: Representative in Congress DISTRICT: _____

PARTY: _____

NEW PARTY: _____

INDEPENDENT: _____

=====

OFFICE USE ONLY

FILING DATE: _____

TIME: _____

STATEMENT OF CANDIDACY Y or N

HOW FILED: C - CANDIDATE

LOYALTY OATH Y or N

A - AGENT

LAST PAGE NUMBER _____

M - MAIL