

# CANDIDATE WORKSHEET

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Candidates Name

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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**

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Nomination papers received by (if other than candidate)

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Representative Address City Zip

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Representative Telephone Number