

**STATE OF ALASKA DECLARATION OF CANDIDACY FOR RETENTION  
SUPREME COURT**

**Please check:** My **\$100 filing fee** accompanies this *Declaration of Candidacy*  
**Please check:** My **Public Official Financial Disclosure Statement** on file with the Alaska Public Offices Commission  
**Note:** Candidates are encouraged to contact APOC to ensure they have a current *Public Officials Financial Disclosure Statement* on file with APOC.

**GENERAL INFORMATION** (Please print or type)

I, \_\_\_\_\_, declare that I am a candidate for retention to the office of:

**SUPREME COURT JUSTICE**

I request that my name be placed on the **November 8, 2016 General Election** ballot.

**CONTACT INFORMATION**

**Mailing address and contact phone number for Candidate to be listed on the Division of Election's web site:**

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_, \_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Phone Number)

**I request that my name appear on the General Election ballot in the following manner:**

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_, \_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(MI)

\_\_\_\_\_  
(\*Nickname and/or Suffix)

\*The Director of Elections may not include on the ballot as part of candidate's name, any honorary or assumed title or prefix but may include in the candidate's name any nickname or familiar form of a proper name of the candidate. [AS 15.15.030(4)]

**CERTIFICATION**

I, the undersigned, certify that the information in this *Declaration of Candidacy for Retention*, required by AS 15.35.040, 15.35.041, is true and complete, and that I meet the specific requirements of this office. I also acknowledge that should I choose to withdraw my candidacy, my withdrawal must be received by the Director of Elections in writing over my signature at least 64 days before the election.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Candidate's Signature)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Work Phone)

My commission expires: \_\_\_\_\_

To assist staff in verifying candidate/voter identification, please provide one of the following:

SSN, ADL, Voter # or DOB: \_\_\_\_\_

NOTARY SEAL

Privacy Disclaimer

Unless otherwise made confidential or protected from disclosure by law, information provided on this form may be subject to disclosure under the Alaska Public Records Act (AS 40.25.100—40.25.295). Failure to provide requested personal information may result in the Division's inability to process relevant portions of this form. Requested information will be used only for purposes directly associated with the processing of this form. For information on how to challenge the accuracy or completeness of personal information maintained by the Division, please send the Division a written request that the personal information be changed. The request must comply with AS 40.25.310 and be sent to the Division of Elections at the following address: Division of Elections, Director's Office, PO Box 110017, Juneau, AK 99811-0017.