

**STATE OF ALASKA LETTER OF INTENT
WRITE-IN CANDIDATES FOR U.S. CONGRESS**

Please check: I acknowledge that I am responsible for contacting the Federal Election Commission for federal reporting requirements: 999 E St., N.W., Washington, DC 20463

GENERAL INFORMATION (Please print or type)

I, _____, declare myself to be a candidate for the office of (check one):

UNITED STATES SENATOR

- or -

UNITED STATES REPRESENTATIVE

I am a write-in candidate for the **November 8, 2016 General Election** ballot.

I am registered under and am a candidate of the _____ political party - or -
(Party Name)

I am a candidate of the _____ political group - or - (Please Check) I am not affiliated
(Group Name) with a political group or party

RESIDENCY INFORMATION

My current residence address is: _____, _____, _____, _____
(Use street #, mile post, or other physical location description) (City) (State) (Zip)

My mailing address: _____, _____, _____, _____
(Mailing Address) (City) (State) (Zip)

I am requesting voters to write my name as follows:

_____, _____, _____, _____
(Last Name) (First Name) (MI) (Nickname and/or Suffix)

CERTIFICATION

I, the undersigned, certify that the information in this *Letter of Intent* is true and complete and that I meet the specific citizenship requirements of this office. I certify that, if elected, I shall be an inhabitant of the state of Alaska. I further certify that, if elected, I will meet the age requirements upon taking the oath of office. I am not a candidate for any other office to be voted upon at the General Election, nor am I a candidate for this office under any other *Declaration of Candidacy* or *Nominating Petition*.

(Candidate's Signature)

(Date MM/DD/YY)

(Home Phone) (Work Phone)

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

SSN, DL, Voter # or DOB: _____

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.

**THE DIVISION OF ELECTIONS MUST RECEIVE THIS FORM NO LATER THAN THURSDAY, NOVEMBER 3, 2016
RETURN THIS FORM TO: DIVISION OF ELECTIONS, PO BOX 110017, JUNEAU, AK 99811-0017**