

STATE OF ALASKA - DIVISION OF ELECTIONS
DECLARATION OF CANDIDACY
FOR COASTAL RESOURCE SERVICE AREA BOARD MEMBER
ELECTION DATE: OCTOBER 5, 2010

GENERAL INSTRUCTIONS:

1. **Who May File:** If you are registered to vote within the boundaries of the Coastal Resource Service Area (CRSA), you may file for the office of CRSA board member. You must also be registered to vote within the section of the seat for which you are filing.
2. **When To File:** You may file now, the sooner the better. Hand delivered and faxed candidacy filings must be received no later than 5:00pm, Friday, August 6, 2010. Mailed forms must be **postmarked** no later than August 6, 2010, **and received** by the Division of Elections no later than August 16, 2010.
3. **How and Where To File:** Complete the candidate information below, sign and date the certification, and hand deliver, mail or fax it to any Division of Elections office (addresses below).

CANDIDATE INFORMATION:

PLEASE PRINT CLEARLY OR TYPE YOUR INFORMATION

I, _____, request that my name be placed on the ballot for the election
 (Name of Candidate)
 on **October 5, 2010**, for the following CRSA seat: _____, Seat _____.
 (Print name of CRSA) (Seat #)

My **RESIDENCE** address is: _____
 (Physical Address where you reside)
 _____, Alaska _____
 (City) (Zip Code)

My **MAILING** address is: _____
 _____, Alaska _____
 (City) (Zip Code)

Telephone Numbers: _____ (Home) _____ (Work) _____ (Message)

I request my name be printed on the ballot as follows:

_____ (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)]

Mailing address and phone number to be displayed on the Division of Elections' web site listing:

_____ (Official Candidate Mailing Address) _____ (City) _____ (State) _____ (Zip) _____ (Phone)

OATH: I certify that the information on this form is true and correct, that I am a registered voter in the State of Alaska and that I reside within the boundary and section of the CRSA board seat for which I am seeking election.

SIGNATURE: _____ **DATE:** _____ **ID #:** _____

(i.e. Voter #, SSN or Last-4, DOB, ADL or AK ID)

Mail or Fax your completed filing to the elections office nearest you:

Director's Office
 PO Box 110017
 Juneau, AK 99811-0017
 (907) 465-4611
 Fax: (907) 465-3203

Region I Elections Office
 PO Box 110018
 Juneau, AK 99811-0018
 (907) 465-3021
 Fax: (907) 465-2289

Region III Elections Office
 675 7th Avenue Suite H3
 Fairbanks, AK 99701-4594
 (907) 451-2835
 Fax: (907) 451-2832

Region IV Elections Office
 PO Box 577
 Nome, AK 99762-0577
 (907) 443-5285
 Fax: (907) 443-2973