STATE OF ALASKA FILING NOTIFICATION
NOMINATING PETITION CANDIDATE FOR U.S. CONGRESS

Please check: ☐ I acknowledge that the Nominating Petition form and Subscribers pages are due by **5:00 p.m., August 16, 2016.**

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

GENERAL INFORMATION (Please print or type)

I, _____, declare myself to be a candidate by petition for the

_____ political group (if any), for the office of:

Check one: ☐ **UNITED STATES SENATOR** **- or -** ☐ **UNITED STATES REPRESENTATIVE** I will accept this nomination and request that my name be placed on the **November 8, 2016 General Election** ballot if my petition is certified.

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)

Mailing address and phone number for correspondence and the Division of Elections' web site listing:

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

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 *Filing Notification* 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 Primary or General Election, nor am I a candidate for this office under any other *Declaration of Candidacy or Nominating Petition*. 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 General Election. I will accept this nomination and will serve if elected.

Subscribed and sworn to before me this

_____ day of _____, 20_____.

_____
(Signature of Notary Public)

My commission expires: _____

NOTARY SEAL

_____
(Candidate's Signature)

_____ _____
(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.