

# STATE OF ALASKA FILING NOTIFICATION

## NOMINATING PETITION CANDIDATE FOR STATE SENATOR OR STATE REPRESENTATIVE

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

**Please check:** My **Financial Disclosure Statement** is on file with the Alaska Public Offices Commission.  
**NOTE:** Candidates are encouraged to contact APOC prior to filing to ensure they have a current *Public Officials (Non-incumbents) or Legislative (Incumbents) Financial Disclosure Statement* on file with APOC.

### GENERAL INFORMATION (Please print or type)

I, \_\_\_\_\_, am a qualified voter as required by law and declare myself to be a resident of Alaska and candidate by petition for the \_\_\_\_\_ political group (if any), for the office of (check one and write district race):

**STATE SENATOR for DISTRICT \_\_\_\_\_ or STATE REPRESENTATIVE for DISTRICT \_\_\_\_\_**

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 Alaska residence address is: \_\_\_\_\_, AK \_\_\_\_\_.  
(Use street #, mile post, or other physical location description) (City) (Zip)

I have lived at this address since \_\_\_\_\_. Previous address if you have lived at your current address less than one year:  
(MM / DD / YY)

1) \_\_\_\_\_ 2) \_\_\_\_\_  
(Previous Residence Address: include City, State, Zip Code) (Previous Residence Address: include City, State, Zip Code)

I have been a resident of Alaska since \_\_\_\_\_, and a resident of the Election District filed for since \_\_\_\_\_.  
(MM / DD / YY) (MM / DD / YY)

My mailing address is: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(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, required by AS 15.25.180, is true and complete, and that I meet the specific residency and citizenship requirements of this office. If I am filing for State Representative, I further certify that I shall be at least 21 years of age on the first scheduled day of the first regular session of the legislature convened after the election. If I am filing for State Senate, I further certify that I shall be at least 25 years of age on the first scheduled day of the first regular session of the legislature convened after the election. 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\_\_\_\_\_. \_\_\_\_\_  
(Candidate's Signature)

\_\_\_\_\_  
(Signature of Notary Public) (Home Phone) (Work Phone)

My commission expires: \_\_\_\_\_ To assist staff in verifying candidate/voter identification, please provide one of the following: Last 4 SSN, State ID #

NOTARY SEAL

SN, ADL, 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.