

**STATE OF ALASKA DECLARATION OF CANDIDACY
U.S. CONGRESS**

Please check: My **\$100 filing fee** accompanies this Declaration of Candidacy
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 for the office of (check one):

UNITED STATES SENATOR

- or -

UNITED STATES REPRESENTATIVE

I am registered under and am a candidate of the _____ political party. I request that my name be placed on the **2016 Primary Election** ballot.

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 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* 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 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 52 days before the election.

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:

NOTARY SEAL

SSN, 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.