

**STATE OF ALASKA LETTER OF INTENT
WRITE-IN CANDIDATES FOR STATE SENATOR or STATE REPRESENTATIVE**

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 of the District for which I declare my candidacy for the office of (check one):

STATE SENATOR for District _____ or STATE REPRESENTATIVE for District _____

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 with a political group or party.)
(Group Name)

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 _____.
(MM/DD/YY)

Previous address if you have lived at your current address less than one year:

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 for which I am seeking office since:
(MM/DD/YY)

_____. My mailing address is: _____, _____, _____, _____
(MM/DD/YY) (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*, required by AS 15.25.105, 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 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, 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 the 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. This 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**