STATE OF ALASKA LETTER OF INTENT
WRITE-IN CANDIDATES FOR U.S. CONGRESS

STEP 1

☐ I acknowledge that I am responsible for contacting the Federal Election Commission for federal reporting requirements: 1050 First Street, NE, Washington, DC 20463

STEP 2 **GENERAL INFORMATION** (please print or type)

I, _____, declare myself to be a candidate for the office of (check one):

☐ **UNITED STATES SENATOR** ☐ **UNITED STATES REPRESENTATIVE**

I am a write-in candidate for the **November 8, 2022 General Election** ballot.

I request that the political affiliation on my voter record _____appear on election information. *

OR I prefer to have nonpartisan or undeclared appear on election information: **Nonpartisan** ☐ OR **Undeclared** ☐

* **Note:** If this is not the party affiliation currently on your voter registration record, it will be changed to reflect what you provided.

STEP 3 **RESIDENCY INFORMATION** (please print or type)

My current Alaska residence is: _____

_____

My current mailing address is: _____

_____

STEP 4 **MAILING ADDRESS** and **PHONE INFORMATION** (used for correspondence and website listing)

_____
(Candidate's Mailing) (City) (State) (Zip Code)

_____
(Candidate's Website) (Candidate's Email Address) (Phone Number)

STEP 5 **WRITE-IN NAME INFORMATION**

I request that voter's write my name 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 or proper name of candidate. (AS 15.15.030(4))

STEP 6 **CERTIFICATION**

I, undersigned, certify that the information in this Letter of Intent 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 at the General Election, nor am I a candidate for this office under any other Declaration of Candidacy.

_____ _____
(Candidate's Signature) (Date)

_____
(Phone Number)

To assist staff in verifying candidate/voter information, 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 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.

THE DIVISION OF ELECTIONS MUST RECEIVE THIS FORM NO LATER THAN THURSDAY, NOVEMBER 3, 2022
RETURN THIS FORM TO: DIVISION OF ELECTIONS, PO BOX 110017, JUNEAU, AK 99811-0017
PHONE NUMBER: 907-465-4611 EMAIL: ELECTIONS@ALASKA.GOV