STATEMENT OF CANDIDACY

Name of Candidate (in full)		
Candidate Identification Number (leave blank)		Is This Statement ☐ New (N) ☐ Amended (A)
Party Affiliation	Office Sought	County/City & District of Candidate

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

I hereby designate the following named political committee as my Principal Campaign Committee for the _____ election(s).

Name of Committee (in full)	
County/City of Committee	Committee Identification Number (leave blank)
Name(s) and title(s) of all persons permitted to authorize transactions or expenditures on behalf of the committee	

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate	Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to penalties under the law.