

# Ballot Designation Worksheet

Candidate Information

Candidate Name: \_\_\_\_\_

Office: \_\_\_\_\_

Home Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s) Business: \_\_\_\_\_ Evening: \_\_\_\_\_ Fax: \_\_\_\_\_

Attorney Information

Attorney Name (or other person authorized to act in your behalf): \_\_\_\_\_

Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s) Business: \_\_\_\_\_ Evening: \_\_\_\_\_ Fax: \_\_\_\_\_

**Proposed Ballot Designation:** \_\_\_\_\_

**1<sup>st</sup> Alternative:** \_\_\_\_\_

**2<sup>nd</sup> Alternative:** \_\_\_\_\_

Describe what you do and why you believe you are entitled to use the proposed ballot designation. If using the title of an elective office, you may submit a copy of your certificate of election or appointment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Job Title: \_\_\_\_\_ Dates in Position: \_\_\_\_\_

Employer Name or Business: \_\_\_\_\_

Person(s) who can verify this information:

Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Candidate's Signature \_\_\_\_\_ Dated \_\_\_\_\_

You may attach any documents or exhibits that you believe support your proposed ballot designation. These documents will not be returned to you, so **do not submit originals.**