



AUTHORIZATION TO PICK-UP AND/OR FILE CANDIDATE NOMINATION DOCUMENTS

I, _____, candidate for the office
CANDIDATE'S NAME — PLEASE PRINT

of _____ hereby authorize
OFFICE TITLE

AGENT'S NAME (_____) _____
AGENT'S PHONE NUMBER

to receive and/or file the following nomination documents: Please check applicable forms ()

- | | |
|--|---|
| <input type="checkbox"/> Signature in Lieu of filing fee Petitions | <input type="checkbox"/> Declaration of Candidacy |
| <input type="checkbox"/> Candidate Statement | <input type="checkbox"/> Declaration of Intention |
| <input type="checkbox"/> Nominating Petitions | <input type="checkbox"/> Other: _____ (Specify) |

I am aware that the Nomination documents must be properly executed and delivered to the County of Los Angeles Registrar-Recorder/County Clerk's Office no later than 5:00 p.m. on the last day to file such documents.

I request that my name be placed upon the ballot as follows: (Please print)

FIRST NAME MIDDLE NAME OR INITIAL LAST NAME

My residence address is:

STREET ADDRESS

CITY STATE ZIP CODE

My telephone numbers are: (_____) _____ (_____) _____
DAYTIME EVENING

(_____) _____
FAX

My internet addresses are: _____ E-MAIL: _____
WEBSITE

I would like the following **information** to be used for purposes of listings prepared and **issued to the news media and/or the public.** (If none given, the above information will be listed.)

INFORMATION FOR PUBLICATION

STREET ADDRESS

CITY STATE ZIP CODE

DAYTIME PHONE: (_____) _____ EVENING PHONE: (_____) _____

FAX: (_____) _____

WEBSITE: _____ E-MAIL: _____

CANDIDATE SIGNATURE DATE