

# DECLARATION of INTENTION

## 3rd Class City Candidate

**It is the CANDIDATE'S RESPONSIBILITY  
to make sure their voter registration is correct and current.**

### BALLOT INFORMATION

NAME - exactly as it will appear on the ballot

(include ALL punctuation) > \_\_\_\_\_

CITY > \_\_\_\_\_

Candidate's Residential Address \_\_\_\_\_

Mailing Address - if different \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Zip \_\_\_\_\_

### OFFICE SOUGHT

**3rd Class CITY CANDIDATES**

**file with the County Clerk's Office**

CITY of \_\_\_\_\_

\_\_\_\_\_ Mayor

\_\_\_\_\_ Council

Member

\_\_\_\_\_ Ward (if applicable)

COMMENTS

\_\_\_\_\_ Filing by Fee - \$20.00

\_\_\_\_\_ Regular

\_\_\_\_\_ Filing by Petition

\_\_\_\_\_ Unexpired

### CANDIDATE STATEMENT & SIGNATURE

*I declare that I intend to become a candidate at the appropriate election for the office stated above.*

\_\_\_\_\_ Filing Date

X

\_\_\_\_\_ SIGNATURE of CANDIDATE

----- for office use only -----

### ATTESTATION

----- for office use only -----

\_\_\_\_\_ Deputy County Clerk

< or >

\_\_\_\_\_ COUNTY CLERK

## STATEMENT of SUBSTANTIAL INTEREST

(See Explanations on Reverse)

OFFICER or DIRECTOR of a BUSINESS: If you have nothing to report in this section, check this box.

Business Name and Address	Position Held

OWNERSHIP INTERESTS: If you have nothing to report in this section, check this box.

Business Name & Address	Type of Business	Description of Interest	Held by Whom
Name			<input type="checkbox"/> You
Address			<input type="checkbox"/> Spouse
			<input type="checkbox"/> Jointly
Name			<input type="checkbox"/> You
Address			<input type="checkbox"/> Spouse
			<input type="checkbox"/> Jointly
Name			<input type="checkbox"/> You
Address			<input type="checkbox"/> Spouse
			<input type="checkbox"/> Jointly

RECEIPT or EXPECTATION of COMPENSATION: If you have nothing to report in this section, check this box.

Business or Combination of Businesses & Address	Type of Business	Received by Whom
Name		<input type="checkbox"/> You
Address		<input type="checkbox"/> Spouse
		<input type="checkbox"/> Jointly
Name		<input type="checkbox"/> You
Address		<input type="checkbox"/> Spouse
		<input type="checkbox"/> Jointly
Name		<input type="checkbox"/> You
Address		<input type="checkbox"/> Spouse
		<input type="checkbox"/> Jointly

RECEIPT of FEES and COMMISSIONS: If you have nothing to report in this section, check this box.

Name of Client or Customer	Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Candidate or Appointed Officer

**APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM  
FOR CANDIDATE FOR LOCAL OFFICE**

This is an (Check one)  Initial Appointment  Amended Statement  
(Please Type or Print)

**CANDIDATE**

Name		
Street		
City	County	Zip Code
Home Telephone	Business Telephone	
Office Sought	District No.	

**TREASURER**

Date Appointed		
Name		
Address		
City	Zip Code	
Home Telephone	Business Telephone	

**OR CANDIDATE COMMITTEE**

Date Appointed		
Chairperson's Name		
Address		
City	Zip Code	
Home Telephone	Business Telephone	
Treasurer's Name		
Address		
City	Zip Code	
Home Telephone	Business Telephone	

**SIGNATURE**

**" I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Candidate)

**SEE REVERSE SIDE FOR INSTRUCTIONS**