



COUNTY OF KINGS ELECTIONS DEPARTMENT

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Registrar of Voters
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CANDIDATE APPLICATION

Note: This is a public document, which can be made available upon receipt of the appropriate request from an individual or organization.

Candidate Information

Name as you are registered to vote				
First	Middle	Last		
Office (include district if applicable)				Are you the Incumbent?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
Residence Address Optional for Judicial Candidates [EC §8023(c)].				
Number	Street	City	State	Zip
Mailing Address				
Number	Street	City	State	Zip
Business Address				
Number	Street	City	State	Zip
Phone Numbers				
Daytime	Evening		Fax	
E-mail Address			Website Address (if applicable)	
Name as to appear on the ballot				
Will you file a Candidate Statement?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you intend to raise money for your campaign?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you use a Ballot Designation?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

I declare under penalty of perjury that I am a resident of the district or trustee area for which I am running for (exception: Congressional Offices).

Signature

Date

Election Official to complete back of application

Office Use Only

Voter ID Number	Confidential Voter?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Registration	Incumbents Only
	Appointed <input type="checkbox"/> Elected <input type="checkbox"/>
Precinct Number	Registered Residential Address within District?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
If district qualification discrepancy, verify residency on map. Attach map signed by candidate to application.	
Date Verified: _____ Verified By: _____	
FPPC Form provided (Raising money = 501, No = 470)	<input type="checkbox"/> Form 501 <input type="checkbox"/> Form 470

Name of Election Officer who assisted the Candidate	
Print Name: _____	Sign Name: _____