I,, candida	ate for, wish to file a
	be held on November 5, 2024. I understand that the cost DIDATE and that the Name, Age, and Occupation of the
Candidate Name:	Age (Optional):
Occupation (Optional):(Occupation not subject to ba	llot designation 3-word limitation – if left blank, nothing will be printed.)
INSTRUCTIONS IF YOU WISH TO	FILE A STATEMENT OF QUALIFICATIONS
qualifications. The statement shall be limited to	f not more than 200 or 250 words of your education and a recitation of the candidate's own personal background and ay, make reference to other candidates for office or to another s.
How to submit your Statement of Qualifications Email a word document version of your Candida Elections@CountyofKings.com with ATTN: CAN Please note that your statement will be printed of statement for errors in spelling, punctuation, and	ate Statement to: NDIDATE STATEMENT in the subject line. exactly as submitted by you. As such, carefully check your
	ith the Kings County Elections Department at the same time ration of Candidacy is accepted. Payment and a copy of the with an original signature at this time.
I DO NOT WISH TO FILE A STATEI	MENT OF QUALIFICATIONS.
	Candidate Signature
	Date