



# Candidate Application

County Clerk/Registrar of Voters  
County of Fresno

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<br>Optional for Judicial Candidates [EC 8023(c)]. However, must be provided to the Elections Official for verification. |             |                                    |                                      |  |
| Number  | Street      | City                               | State                                | Zip  |
| Mailing Address   |             |                                    |                                      |  |
| Number  | Street      | City                               | State                                | Zip  |
| Business Address  |             |                                    |                                      |  |
| Number  | Street      | City                               | State                                | Zip  |
| Phone Numbers   |             |                                    |                                      |  |
| Main/Business   | Home/Mobile |                                    | Fax                                  |  |
| E-mail Address  |             |                                    | Web Address                          |  |
|   |             |                                    |                                      |  |
| Name on Ballot <i>(If not using legal name, must provide documentation to support use of name)</i>  |             |                                    |                                      | First Initial of Last Name                               |
|   |             |                                    |                                      |  |
| Ballot Designation(s):  |             | Alternate Ballot Designation(s): 1 |                                      | Alternate Ballot Designation(s): 2                       |
|   |             |                                    |                                      |  |
| FEDERAL/ STATE OFFICES ONLY: I would like the Primary and General Election Ballot to reflect the following (Select One):                  |             |                                    | Will you file a Candidate Statement? |  |
| My Party Preference as disclosed on my most recent registration   |             |                                    | Yes <input type="checkbox"/>         | No <input type="checkbox"/>                              |
| No Party Preference listed  |             |                                    |                                      |  |

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



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## Office Use Only

|                      |   |
|----------------------|---|
| Voter ID Number      | Confidential Voter?   |
|                      | Yes <input type="checkbox"/> No <input type="checkbox"/>            |
| Date of Registration | If Incumbent  |
|                      | 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: \_\_\_\_\_

## Name of Election Officer who assisted the Candidate

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_