

CANDIDATE INFORMATION COVER SHEET - PLEASE PRINT

Date of Election: _____ Candidate Number: _____

1. Candidate Information

Name: _____

Residence Address: _____

Mailing Address: _____

Telephone: _____

2. Office Information

Office Sought: _____

____ Full -Term ____ Short -Term Incumbent: ____ Yes ____ No

3. Form 700 Statement of Economic Interest

I understand that if I am elected or appointed in lieu of election that I am required to file a Form 700 Statement of Economic Interest, at regular intervals as explained in the Candidate's Guidebook. Initial here:

4. Candidate Contact Information – Authorization to Post Information on the Internet

Initial here: _____

By initialing above, you understand that your name and ballot designation (if any) will appear on the List of Candidates document, which is posted on the County Elections Website. Contact Information to be used for the Candidate List will be the information provided on your Declaration of Candidacy, unless additional information is otherwise specified here:

Address: _____

Telephone Number: _____

Other: _____

CANDIDATE STATEMENT AGREEMENT

Candidate Name: _____
(Please Print) (Office Sought)

I do not want to submit a candidate statement. _____
(Signature of candidate) (Date)

I have prepared and am filing a candidate statement. I have been informed that the estimated cost and deposit for my candidate statement in Siskiyou County is \$_____. I will call the County Clerk's office at 842-8084, the day after candidate filing closes and verify if there will be an election in my jurisdiction. If there will be no election, I understand that my deposit will be returned to me upon completion of a County Claim Form.

I agree that if the actual cost of the candidate statement exceeds the amount paid in advance, I will pay the additional sum to the Siskiyou County Clerk within 30 days of the billing notification for such amount.

I agree that if the amount billed is not paid within 30 days following such notification, and the County of Siskiyou thereafter commences legal action against me for the recovery of said amount, I will pay all costs for such action, including costs and reasonable attorney's fees in an amount to be fixed by the court.

I have been informed that if the amount paid in advance is more than the actual cost of the candidate statement, the County of Siskiyou will refund the excess amount within 30 days after the election.

I agree that any notice, refund or billing pertaining to my candidate statement shall be mailed to me at the address set forth below and shall be deemed completed upon deposit in the United States mail, so addressed, first-class postage prepaid.

I have been informed of the viewing period for the candidate statements and understand that I have the opportunity to proof typeset copy of my candidate statement as well as that of other candidates. I agree that if I do not proof typeset copy of my candidate statement during the viewing period, the County Clerk and the County of Siskiyou will be held harmless for any errors not brought to their attention during the viewing period. If I am unable to come to the County Clerk's office during the viewing period, I understand that I may request that a copy of my own candidate statement be faxed, emailed or mailed to me.

(Signature of Candidate) (Date) (Mailing address)

(Signature of witness) (Date) (City) (Zip)

WITHDRAWAL OF CANDIDATE STATEMENT

Note: Candidate may withdraw candidate statement by signing and submitting this withdrawal notice to the County Clerk no later than the next working day after the close of the candidate filing (nomination) period.

I hereby withdraw my candidate statement. I request the County of Siskiyou to refund the deposit amount paid in advance, within 30 days of this request.

(Signature of candidate) (Date) (Signature of witness) (Date)