



**AUTHORIZATION TO PICK-UP AND/OR FILE
CANDIDATE NOMINATION DOCUMENTS (E.C. § 8028)**

I, _____, candidate for the office
CANDIDATE'S NAME — PLEASE PRINT

of _____ hereby authorize
OFFICE TITLE

_____ (_____) _____
AGENT'S NAME AGENT'S PHONE NUMBER

to receive and/or file the following nomination documents: Please check applicable forms ()

- Signature in Lieu of Filing Fee Petitions
- Candidate Statement
- Nominating Petitions
- Declaration of Intention
- Declaration of Candidacy
- Ballot Designation Worksheet
- Other: _____ (Specify)

I am aware that the Nomination documents must be properly executed (including any notarization as applicable to the office) and delivered to the County of Los Angeles Registrar-Recorder/County Clerk's Office no later than 5:00 p.m. on the last day to file such documents.

I request that my name be placed upon the ballot as follows: (Please print)

_____ FIRST NAME MIDDLE NAME OR INITIAL LAST NAME

My residence address is:

_____ STREET ADDRESS

_____ CITY STATE ZIP CODE

My telephone numbers are: (_____) _____ (_____) _____
DAYTIME EVENING
(_____) _____
FAX

My internet addresses are: _____ WEBSITE E-MAIL

I would like the following **information** to be used for purposes of listings prepared and **issued to the news media and/or the public.** (If none given, the above information will be listed.)

INFORMATION FOR PUBLICATION

_____ STREET ADDRESS

_____ CITY STATE ZIP CODE

DAYTIME PHONE: (_____) _____ EVENING PHONE: (_____) _____

FAX: (_____) _____

WEBSITE: _____ E-MAIL: _____

_____ CANDIDATE SIGNATURE

_____ DATE