



**AUTHORIZATION TO PICK-UP AND/OR FILE  
CANDIDATE NOMINATION DOCUMENTS**

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
- Declaration of Candidacy
- Candidate Statement
- Ballot Designation Worksheet
- Nominating Petitions
- Other: \_\_\_\_\_ (Specify)
- Declaration of Intention

**I am aware that the Nomination documents must be properly executed 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