

## **Please Find the Following Blank Forms Attached:**

### **Political Party Candidates Declaration of Candidacy (*AS 15.25.030*)**

- U.S. Congress
- Governor or Lt. Governor
- State Senator or Representative

### **“No-Party” Candidates Filing Notification and Nominating Petition Forms (*AS 15.25.180*)**

- U.S. Congress
- Governor
- Lt. Governor
- State Senator or Representative

### **Write-In Candidate Letter of Intent (*AS 15.25.105*)**

- U.S. Congress
- Governor or Lt. Governor
- State Senator or Representative

**STATE OF ALASKA DECLARATION OF CANDIDACY  
U.S. CONGRESS**

Please check: ☐ My **\$100 filing fee** accompanies this Declaration of Candidacy  
Please check: ☐ I acknowledge that I am responsible for contacting the Federal Election Commission for federal reporting requirements: 999 E St. NW, Washington, DC 20463

**GENERAL INFORMATION** (Please print or type)

I, \_\_\_\_\_, am a qualified voter as required by law and declare myself to be a resident of Alaska and a candidate for the office of (check one):

\_\_\_\_\_ **UNITED STATES SENATOR**      - or -      \_\_\_\_\_ **UNITED STATES REPRESENTATIVE**

I request that my name be placed on the **2012 Primary Election** ballot. I am registered under and am a candidate of the \_\_\_\_\_ political party.

**RESIDENCY INFORMATION**

My current Alaska residence address is: \_\_\_\_\_, AK \_\_\_\_\_.  
(Use street #, mile post, or other physical location description)      (City)      (Zip)

I have lived at this address since \_\_\_\_/\_\_\_\_/\_\_\_\_. I have been a resident of Alaska since \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(MM / DD /YY)      (MM / DD /YY)

My mailing address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Mailing Address)      (City)      (State)      (Zip)

**Mailing address and phone number for correspondence and the Division of Elections' web site listing:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Official Candidate Mailing Address)      (City)      (State)      (Zip)      (Phone)

**I request that my name appear on the ballot in the following manner:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Last Name)      (First Name)      (MI)      (\*Nickname and/or Suffix)

\*The Director of Elections may not include on the ballot as part of candidate's name, any honorary or assumed title or prefix but may include in the candidate's name any nickname or familiar form of a proper name of the candidate. [AS 15.15.030(4)]

**CERTIFICATION**

I, the undersigned, certify that the information in this *Declaration of Candidacy* is true and complete, and that I meet the specific residency and citizenship requirements of this office. I further certify that I shall meet the age requirements upon taking the oath of office, if elected. I am not a candidate for any other office to be voted upon at the Primary election, nor am I a candidate for this office under any other *Declaration of Candidacy* or *Nominating Petition*. I also acknowledge that should I choose to withdraw my candidacy, my withdrawal must be received by the Director of Elections in writing over my signature at least 48 days before the election.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Candidate's Signature)

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Work Phone)

My commission expires: \_\_\_\_\_

To assist staff in verifying candidate/voter identification, please provide one of the following:

SSN, ADL, Voter # or DOB \_\_\_\_\_

NOTARY SEAL

**STATE OF ALASKA DECLARATION OF CANDIDACY  
GOVERNOR or LIEUTENANT GOVERNOR**

Please check: ☐ My \$100 filing fee accompanies this Declaration of Candidacy  
Please check one: My **Financial Disclosure Statement** is (1) ☐ Enclosed OR (2) ☐ On file with the Alaska Public  
Offices Commission. **NOTE:** Candidates selecting option 2, are encouraged to contact APOC prior to filing to ensure  
they have a current *Public Officials Financial Disclosure Statement* on file with APOC.

**GENERAL INFORMATION** (Please print or type)

I, \_\_\_\_\_, am a qualified voter as required by law and  
declare myself to be a resident of Alaska and a candidate for the office of:

\_\_\_\_\_ **GOVERNOR** - or - \_\_\_\_\_ **LIEUTENANT GOVERNOR**

I request that my name be placed on the **August 24, 2010 Primary Election** ballot. I am registered under and  
am a candidate of the \_\_\_\_\_ political party.

**RESIDENCY INFORMATION**

My current Alaska residence address is: \_\_\_\_\_, AK \_\_\_\_\_  
(Use street #, mile post, or other physical location description) (City) (Zip)

I have lived at this address since \_\_\_\_/\_\_\_\_/\_\_\_\_. I have been a resident of Alaska since \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(MM / DD /YY) (MM / DD /YY)

My mailing address: \_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

**Mailing address and phone number for correspondence and the Division of Elections' web site listing:**

\_\_\_\_\_  
(Official Candidate Mailing Address) (City) (State) (Zip) (Phone)

**I request that my name appear on the ballot in the following manner:**

\_\_\_\_\_  
(Last Name) (First Name) (MI) (\*Nickname and/or Suffix)

\*The Director of Elections may not include on the ballot as part of candidate's name, any honorary or assumed title or prefix but may include in the  
candidate's name any nickname or familiar form of a proper name of the candidate. [AS 15.15.030(4)]

**CERTIFICATION**

I, the undersigned, certify that the information in this *Declaration of Candidacy* is true and complete, and that I meet the specific  
residency and citizenship requirements of this office. I further certify that I shall be at least 30 years of age on the first Monday in  
December following the election. I am not a candidate for any other office to be voted upon at the Primary election, nor am I a  
candidate for this office under any other *Declaration of Candidacy* or *Nominating Petition*. I also acknowledge that should I choose to  
withdraw my candidacy, my withdrawal must be received by the Director of Elections in writing over my signature at least 48 days  
before the election.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Candidate's Signature)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Work Phone)

To assist staff in verifying candidate/voter identification,  
please provide one of the following:

SSN, ADL, Voter # or DOB \_\_\_\_\_

NOTARY SEAL

**STATE OF ALASKA DECLARATION OF CANDIDACY  
STATE SENATOR or STATE REPRESENTATIVE**

Please check: ☐ My \$30 filing fee accompanies this Declaration of Candidacy

Please check one: My **Financial Disclosure Statement** is (1) ☐ Enclosed OR (2) ☐ On file with the Alaska Public Offices Commission. **NOTE:** Candidates selecting option 2, are encouraged to contact APOC prior to filing to ensure they have a **current** *Public Officials (Non-incumbents) or Legislative (Incumbents) Financial Disclosure Statement* on file.

**GENERAL INFORMATION** (Please print or type)

I, \_\_\_\_\_, am a qualified voter and declare myself to be a resident of Alaska and of the District for which I declare my candidacy for the office of (check one and write the district race):

☐ **STATE SENATOR** for District \_\_\_\_\_ - or - ☐ **STATE REPRESENTATIVE** for District \_\_\_\_\_

I request that my name be placed on the **2012 Primary Election** ballot. I am registered under and am a candidate of the

\_\_\_\_\_ political party.

**RESIDENCY INFORMATION**

My current Alaska residence address is: \_\_\_\_\_, AK \_\_\_\_\_.  
(Use street #, mile post, or other physical location description) (City) (Zip)

I have lived at this address since \_\_\_\_/\_\_\_\_/\_\_\_\_. Previous address if you have lived at your current address less than one year:  
(MM / DD / YY)

\_\_\_\_\_, AK \_\_\_\_\_.  
(Previous Residence Address) (City) (Zip)

I have been a resident of Alaska since \_\_\_\_/\_\_\_\_/\_\_\_\_, and a resident of the Election District filed for since \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(MM / DD / YY) (MM / DD / YY)

My mailing address is: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Mailing Address) (City) (State) (Zip)

**Mailing address and phone number for correspondence and the Division of Elections' web site listing:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Official Candidate Mailing Address) (City) (State) (Zip) (Phone)

**I request that my name appear on the ballot in the following manner:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Last Name) (First Name) (MI) (\*Nickname and/or Suffix)

\*The Director of Elections may not include on the ballot as part of candidate's name, any honorary or assumed title or prefix but may include in the candidate's name any nickname or familiar form of a proper name of the candidate. [AS 15.15.030(4)]

**CERTIFICATION**

I, the undersigned, certify that the information in this *Declaration of Candidacy* is true and complete, and that I meet the specific residency and citizenship requirements of this office. If I am filing for State Representative, I further certify that I shall be at least 21 years of age on the first scheduled day of the first regular session of the legislature convened after the election. If I am filing for State Senate, I further certify that I shall be at least 25 years of age on the first scheduled day of the first regular session of the legislature convened after the election. I am not a candidate for any other office to be voted upon at the Primary election, nor am I a candidate for this office under any other *Declaration of Candidacy* or *Nominating Petition*. I also acknowledge that should I choose to withdraw my candidacy, my withdrawal must be received by the Director of Elections in writing over my signature at least 48 days before the election.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Candidate's Signature)

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Work Phone)

My commission expires: \_\_\_\_\_

To assist staff in verifying candidate/voter identification, please provide one of the following:

SSN, ADL, Voter # or DOB \_\_\_\_\_

**STATE OF ALASKA FILING NOTIFICATION  
NOMINATING PETITION CANDIDATE FOR U.S. CONGRESS**

Please check: ☐ I acknowledge that the Nominating Petition form and Subscribers pages are due by  
**5:00pm, August 24, 2010**

Please check: ☐ I acknowledge that I am responsible for contacting the Federal Election Commission for  
federal reporting requirements: 999 E St. NW, Washington, DC 20463

**GENERAL INFORMATION** (Please print or type)

I, \_\_\_\_\_, am a qualified voter as required by law and declare myself to be a  
resident of Alaska and a candidate by petition for the \_\_\_\_\_ political group (if any), for the office  
of:

Check one: ☐ **UNITED STATES SENATOR** OR ☐ **UNITED STATES REPRESENTATIVE**

I will accept this nomination and request that my name be placed on the **November 2, 2010 General Election** ballot if  
my petition is certified.

**RESIDENCY INFORMATION**

My current Alaska residence address is: \_\_\_\_\_, AK \_\_\_\_\_.  
(Use street #, mile post, or other physical location description) (City) (Zip)

I have lived at this address since \_\_\_\_/\_\_\_\_/\_\_\_\_. I have been a resident of Alaska since \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(MM / DD / YY) (MM / DD / YY)

My mailing address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Mailing Address) (City) (State) (Zip)

**Mailing address and phone number for correspondence and the Division of Elections' web site listing:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Official Candidate Mailing Address) (City) (State) (Zip) (Phone)

**I request that my name appear on the General Election ballot in the following manner:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Last Name) (First Name) (MI) (\*Nickname and/or Suffix)

\*The Director of Elections may not include on the ballot as part of candidate's name, any honorary or assumed title or prefix but may  
include in the candidate's name any nickname or familiar form of a proper name of the candidate.

[AS 15.15.030(4)]

**CERTIFICATION**

I, the undersigned, certify that the information in this Filing Notification is true and complete, and that I meet the specific  
residency and citizenship requirements of this office. I further certify that I shall meet the age requirements upon taking  
the oath of office, if elected. I am not a candidate for any other office to be voted upon at the Primary or General  
election, nor am I a candidate for this office under any other Declaration of Candidacy or Nominating Petition. I also  
acknowledge that should I choose to withdraw my candidacy, my withdrawal must be received by the Director of  
Elections in writing over my signature at least 48 days before the General election. I will accept this nomination and will  
serve if elected.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Candidate's Signature)

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Work Phone)

My commission expires: \_\_\_\_\_

To assist staff in verifying candidate/voter identification,  
please provide one of the following:

SSN, ADL, Voter # or DOB: \_\_\_\_\_

NOTARY SEAL

**STATE OF ALASKA FILING NOTIFICATION  
NOMINATING PETITION CANDIDATE FOR GOVERNOR**

Please check: ☐ I acknowledge that the Nominating Petition Form and Subscribers' pages must be filed by  
**5:00pm, August 24, 2010**

Please check one: My **Financial Disclosure Statement** is (1) ☐ Enclosed OR (2) ☐ On file with the Alaska Public  
Offices Commission. **NOTE:** Candidates selecting option 2, are encouraged to contact APOC prior to filing to ensure  
they have a current *Public Officials Financial Disclosure Statement* on file with APOC.

**GENERAL INFORMATION** (Please print or type)

I, \_\_\_\_\_, am a qualified voter as required by law, and declare myself to be a  
resident

of Alaska and a candidate by petition for the \_\_\_\_\_ political group (if any), for the office  
of:

**GOVERNOR**

The name of the candidate running jointly with me for Lt. Governor is \_\_\_\_\_  
[AS 15.25.180(a)(17)]

I will accept this nomination and request that my name be placed on the **November 2, 2010** General Election ballot if my  
petition is certified.

**RESIDENCY INFORMATION**

My current Alaska residence address is: \_\_\_\_\_, AK \_\_\_\_\_.  
(Use street #, mile post, or other physical location description) (City) (Zip)

I have lived at this address since \_\_\_\_/\_\_\_\_/\_\_\_\_. I have been a resident of Alaska since \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(MM / DD /YY) (MM / DD /YY)

My mailing address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Mailing Address) (City) (State) (Zip)

**Mailing address and phone number for correspondence and the Division of Elections' web site listing:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Official Candidate Mailing Address) (City) (State) (Zip) (Phone)

**I request that my name appear on the General Election ballot in the following manner:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Last Name) (First Name) (MI) (\*Nickname and/or Suffix)

\*The Director of Elections may not include on the ballot as part of candidate's name, any honorary or assumed title or prefix but may  
include in the candidate's name any nickname or familiar form of a proper name of the candidate. [AS 15.15.030(4)]

**CERTIFICATION**

I, the undersigned, certify that the information in this Filing Notification is true and complete, and that I meet the specific  
residency and citizenship requirements of this office. I further certify that I shall be at least 30 years of age on the first  
Monday in December following the election. I am not a candidate for any other office to be voted upon at the Primary or  
General Election, nor am I a candidate for this office under any other Declaration of Candidacy or Nominating Petition. I  
also acknowledge that should I choose to withdraw my candidacy, my withdrawal must be received by the Director of  
Elections in writing over my signature at least 48 days before the General election. I will accept this nomination and will  
serve if elected.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Candidate's Signature)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Work Phone)

To assist staff in verifying candidate/voter identification,  
please provide one of the following:

SSN, ADL, Voter # or DOB: \_\_\_\_\_

NOTARY SEAL

**STATE OF ALASKA FILING NOTIFICATION  
NOMINATING PETITION CANDIDATE FOR LIEUTENANT GOVERNOR**

Please check: ☐ I acknowledge that the Nominating Petition Form and Subscribers' pages must be filed by  
**5:00pm, August 24, 2010**

Please check one: My **Financial Disclosure Statement** is (1) ☐ Enclosed OR (2) ☐ On file with the Alaska Public  
Offices Commission. **NOTE:** Candidates selecting option 2, are encouraged to contact APOC prior to filing to ensure  
they have a current *Public Officials Financial Disclosure Statement* on file with APOC.

**GENERAL INFORMATION** (Please print or type)

I, \_\_\_\_\_, am a qualified voter as required by law, and declare myself to be a resident of  
Alaska and a candidate by petition for the \_\_\_\_\_ political group (if any), for the office of:

**LIEUTENANT GOVERNOR**

The name of the candidate running jointly with me for Governor is \_\_\_\_\_  
[AS 15.25.180(a)(17)]

I will accept this nomination and request that my name be placed on the **November 2, 2010 General Election** ballot if  
my petition is certified.

**RESIDENCY INFORMATION**

My current Alaska residence address is: \_\_\_\_\_, AK \_\_\_\_\_.  
(Use street #, mile post, or other physical location description) (City) (Zip)

I have lived at this address since \_\_\_\_/\_\_\_\_/\_\_\_\_. I have been a resident of Alaska since \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(MM / DD /YY) (MM / DD /YY)

My mailing address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Mailing Address) (City) (State) (Zip)

**Mailing address and phone number for correspondence and the Division of Elections' web site listing:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Official Candidate Mailing Address) (City) (State) (Zip) (Phone)

**I request that my name appear on the General Election ballot in the following manner:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Last Name) (First Name) (MI) (\*Nickname and/or Suffix)

\*The Director of Elections may not include on the ballot as part of candidate's name, any honorary or assumed title or prefix but may  
include in the candidate's name any nickname or familiar form of a proper name of the candidate. [AS 15.15.030(4)]

**CERTIFICATION**

I, the undersigned, certify that the information in this Filing Notification is true and complete, and that I meet the specific  
residency and citizenship requirements of this office. I further certify that I shall be at least 30 years of age on the first  
Monday in December following the election. I am not a candidate for any other office to be voted upon at the Primary or  
General Election, nor am I a candidate for this office under any other Declaration of Candidacy or Nominating Petition. I  
also acknowledge that should I choose to withdraw my candidacy, my withdrawal must be received by the Director of  
Elections in writing over my signature at least 48 days before the General election. I will accept this nomination and will  
serve if elected.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Candidate's Signature)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Work Phone)

To assist staff in verifying candidate/voter identification,  
please provide one of the following:

SSN, ADL, Voter # or DOB: \_\_\_\_\_

NOTARY SEAL

**STATE OF ALASKA FILING NOTIFICATION**  
**NOMINATING PETITION CANDIDATE FOR STATE SENATOR OR STATE REPRESENTATIVE**

Please check: ☐ I acknowledge that the Nominating Petition form and Subscribers' pages are due by **5:00pm, August 24, 2010**

Please check one: My **Financial Disclosure Statement** is (1) ☐ Enclosed OR (2) ☐ On file with the Alaska Public Offices Commission. **NOTE:** Candidates selecting option 2, are encouraged to contact APOC prior to filing to ensure they have a current Public Officials (Non-incumbents) or Legislative (Incumbents) Financial Disclosure Statement on file with APOC.

**GENERAL INFORMATION** (Please print or type)

I, \_\_\_\_\_, am a qualified voter as required by law and declare myself to be a resident of Alaska and candidate by petition for the \_\_\_\_\_ political group (if any), for the office of (check one and write district race):

☐ **STATE SENATOR** for DISTRICT \_\_\_\_\_ OR ☐ **STATE REPRESENTATIVE** for DISTRICT \_\_\_\_\_

I will accept this nomination and request that my name be placed on the **November 2, 2010 General Election** ballot if my petition is certified.

**RESIDENCY INFORMATION**

My current Alaska residence address is: \_\_\_\_\_, AK \_\_\_\_\_.  
(Use street #, mile post, or other physical location description) (City) (Zip)

I have lived at this address since \_\_\_\_/\_\_\_\_/\_\_\_\_. Previous address if you have lived at your current address less than one year:  
(MM / DD / YY)

\_\_\_\_\_, AK \_\_\_\_\_.  
(Previous Residence Address) (City) (Zip)

I have been a resident of Alaska since \_\_\_\_/\_\_\_\_/\_\_\_\_, and a resident of the Election District filed for since \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(MM / DD / YY) (MM / DD / YY)

My mailing address is: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Mailing Address) (City) (State) (Zip)

**Mailing address and phone number for correspondence and the Division of Elections' web site listing:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Official Candidate Mailing Address) (City) (State) (Zip) (Phone)

**I request that my name appear on the General Election ballot in the following manner:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Last Name) (First Name) (MI) (\*Nickname and/or Suffix)

\*The Director of Elections may not include on the ballot as part of candidate's name, any honorary or assumed title or prefix but may include in the candidate's name any nickname or familiar form of a proper name of the candidate. [AS 15.15.030(4)]

**CERTIFICATION**

I, the undersigned, certify that the information in this Filing Notification is true and complete, and that I meet the specific residency and citizenship requirements of this office. If I am filing for State Representative, I further certify that I shall be at least 21 years of age on the first scheduled day of the first regular session of the legislature convened after the election. If I am filing for State Senate, I further certify that I shall be at least 25 years of age on the first scheduled day of the first regular session of the legislature convened after the election. I am not a candidate for any other office to be voted upon at the Primary or General election, nor am I a candidate for this office under any other Declaration of Candidacy or Nominating Petition. I also acknowledge that should I choose to withdraw my candidacy, my withdrawal must be received by the Director of Elections in writing over my signature at least 48 days before the general election. I will accept this nomination and will serve if elected.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Candidate's Signature)

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Work Phone)

My commission expires: \_\_\_\_\_

To assist staff in verifying candidate/voter identification, please provide one of the following: Last 4 SSN, State ID #  
SSN, ADL, Voter # or DOB: \_\_\_\_\_

NOTARY PUBLIC



**STATE OF ALASKA NOMINATING PETITION FORM  
NOMINATING PETITION CANDIDATE FOR U.S CONGRESS**

We, the attached named subscribers, support the candidacy of

\_\_\_\_\_  
(Name of Candidate)

representing the \_\_\_\_\_ political group (if any)  
(Name of political group if any, if none write "none")

for the office of (check one):

\_\_\_ **U.S. SENATOR**

OR

\_\_\_ **U.S. REPRESENTATIVE**

We request that our candidate's name be placed on the ballot for the November \_\_\_\_, 20\_\_\_\_  
General Election as a candidate by petition of the above named political group (if any).

The signatures supporting this candidate are attached. The candidate's Filing Notification form was  
filed by the June 1, 2010 deadline.

\_\_\_\_\_  
(Signature of Candidate or Contact Person Representing the Candidate)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Contact Person)

\_\_\_\_\_  
(Mailing Address for Contact Person)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Email Address for Contact Person)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Work Phone)

**Note: Please attach all Subscribers' pages (signature pages) to this form.**

**DIVISION OF ELECTIONS - OFFICE USE ONLY**

Number of signature pages attached \_\_\_\_\_

Approximate Number of signatures \_\_\_\_\_

Place of filing: DO RI RII Mat-Su RIII RIV

Received by: MAIL IN PERSON

Processed by: \_\_\_\_\_

**STATE OF ALASKA NOMINATING PETITION FORM  
NOMINATING PETITION CANDIDATE FOR GOVERNOR**

We, the attached named subscribers, support the candidacy of

\_\_\_\_\_  
(Name of Candidate)

representing the \_\_\_\_\_ political group (if any)  
(Name of political group if any, if none write "none")

for the office of:

**GOVERNOR**

We request that our candidate's name be placed on the ballot for the November \_\_\_\_, 20\_\_\_\_  
General Election as a candidate by petition of the above named political group (if any).

The signatures supporting this candidate are attached. The candidate's Filing Notification form was  
filed by the June 1, 2010 deadline.

\_\_\_\_\_  
(Signature of Candidate or Contact Person Representing the Candidate)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Contact Person)

\_\_\_\_\_  
(Mailing Address for Contact Person)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Email Address for Contact Person)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Work Phone)

**Note: Please attach all Subscribers' pages (signature pages) to this form.**

**DIVISION OF ELECTIONS - OFFICE USE ONLY**

Number of signature pages attached \_\_\_\_\_

Approximate Number of signatures \_\_\_\_\_

Place of filing: DO RI RII Mat-Su RIII RIV Received by: MAIL IN PERSON

Processed by: \_\_\_\_\_

**STATE OF ALASKA NOMINATING PETITION FORM  
NOMINATING PETITION CANDIDATE FOR LIEUTENANT GOVERNOR**

We, the attached named subscribers, support the candidacy of

\_\_\_\_\_  
(Name of Candidate)

representing the \_\_\_\_\_ political group (if any)  
(Name of political group if any, if none write "none")

for the office of:

**LIEUTENANT GOVERNOR**

We request that our candidate's name be placed on the ballot for the November \_\_\_\_, 20\_\_\_\_  
General Election as a candidate by petition of the above named political group (if any).

The signatures supporting this candidate are attached. The candidate's Filing Notification form was  
filed by the June 1, 2010 deadline.

\_\_\_\_\_  
(Signature of Candidate or Contact Person Representing the Candidate)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Contact Person)

\_\_\_\_\_  
(Mailing Address for Contact Person)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Email Address for Contact Person)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Work Phone)

**Note: Please attach all Subscribers' pages (signature pages) to this form.**

**DIVISION OF ELECTIONS - OFFICE USE ONLY**

Number of signature pages attached \_\_\_\_\_

Approximate Number of signatures \_\_\_\_\_

Place of filing: DO RI RII Mat-Su RIII RIV

Received by: MAIL IN PERSON

Processed by: \_\_\_\_\_

**STATE OF ALASKA NOMINATING PETITION FORM**  
**NOMINATING PETITION CANDIDATE FOR STATE SENATOR OR STATE REPRESENTATIVE**

We, the attached named subscribers, support the candidacy of

\_\_\_\_\_  
(Name of Candidate)

representing the \_\_\_\_\_ political group (if any)  
(Name of political group if any, if none write "none")

for the office of (check one):

\_\_\_ **STATE SENATOR** representing **DISTRICT** \_\_\_\_\_

OR

\_\_\_ **STATE REPRESENTATIVE** representing **DISTRICT** \_\_\_\_\_

We request that our candidate's name be placed on the ballot for the November \_\_\_\_, 20\_\_\_\_  
General Election as a candidate by petition of the above named political group (if any).

The signatures supporting this candidate are attached. The candidate's Filing Notification form was  
filed by the June 1, 2010 deadline.

\_\_\_\_\_  
(Signature of Candidate or Contact Person Representing the Candidate)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Contact Person)

\_\_\_\_\_  
(Mailing Address for Contact Person)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Email Address for Contact Person)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Work Phone)

**Note: Please attach all Subscribers' pages (signature pages) to this form.**

**DIVISION OF ELECTIONS - OFFICE USE ONLY**

Number of signature pages attached \_\_\_\_\_

Approximate Number of signatures \_\_\_\_\_

Place of filing: DO RI RII Mat-Su RIII RIV

Received by: MAIL IN PERSON

Processed by: \_\_\_\_\_

**STATE OF ALASKA LETTER OF INTENT  
WRITE-IN CANDIDATES FOR U.S. CONGRESS**

Please check: ☐ I acknowledge that I am responsible for contacting the Federal Election Commission for federal reporting requirements: 999 E St., N.W., Washington, DC 20463

**GENERAL INFORMATION** (Please print or type)

I, \_\_\_\_\_, am a qualified voter as required by law, a resident of Alaska, and a candidate for the office of (check one):

☐ **UNITED STATES SENATOR**    **OR**    ☐ **UNITED STATES REPRESENTATIVE**

I am a write-in candidate for the **November 2, 2010 General Election** ballot.

I am registered under and am a candidate of the \_\_\_\_\_ political party **OR**  
(Party Name)

I am a candidate of the \_\_\_\_\_ political group **OR** ☐ (Please Check) I am not affiliated  
(Group Name) with a political group or party

**RESIDENCY INFORMATION**

My current Alaska residence address is: \_\_\_\_\_, AK \_\_\_\_\_  
(Use street #, mile post, or other physical location description) (City) (Zip)

I have lived at this address since \_\_\_\_\_, \_\_\_\_\_. I have been a resident of Alaska since \_\_\_\_\_, \_\_\_\_\_.  
(MM/DD) (YY) (MM/DD) (YY)

My mailing address: \_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

**I am requesting voters to write my name as follows:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last Name) (First Name) (MI) (Nickname and/or Suffix)

**CERTIFICATION**

I, the undersigned, certify that the information in this *Letter of Intent* is true and complete, and that I meet the specific residency and citizenship requirements of this office. I further certify that I shall meet the age requirements upon taking the oath of office, if elected. I am not a candidate for any other office to be voted upon at the General Election, nor am I a candidate for this office under any other *Declaration of Candidacy* or *Nominating Petition*.

\_\_\_\_\_  
(Candidate's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Home Phone) (Work Phone)

To assist staff in verifying candidate / voter identification, please provide one of the following:

SSN, ADL, Voter # or DOB: \_\_\_\_\_

**THE DIVISION OF ELECTIONS MUST RECEIVE THIS FORM NO LATER THAN THURSDAY, OCTOBER 28, 2010  
RETURN THIS FORM TO: DIVISION OF ELECTIONS, PO BOX 110017, JUNEAU, AK 99811-0017**

**STATE OF ALASKA LETTER OF INTENT  
WRITE-IN CANDIDATES FOR GOVERNOR AND LIEUTENANT GOVERNOR**

Candidate for **Governor** Check one: My **Financial Disclosure Statements** is (1) \_\_\_\_\_ Enclosed **OR** (2) \_\_\_\_\_ On file with APOC.  
Candidate for **Lt. Governor** Check one: My **Financial Disclosure Statements** is (1) \_\_\_\_\_ Enclosed **OR** (2) \_\_\_\_\_ On file with APOC.  
**NOTE:** Candidates selecting option 2, are encouraged to contact the Alaska Public offices commission prior to filing to ensure they have a current Public  
Officials *Financial Disclosure Statement* on file with APOC.

**GENERAL INFORMATION** (Please print or type)

I, \_\_\_\_\_, declare myself to be a qualified voter as required by  
law, a resident of Alaska, and candidate for the office of: **GOVERNOR**

I, \_\_\_\_\_, declare myself to be a qualified voter as required by  
law, a resident of Alaska, and candidate for the office of: **LIEUTENANT GOVERNOR**

We are write-in candidates for the **November 2, 2010 General Election** ballot.

We are registered under and are candidates of the \_\_\_\_\_ political party **OR** We are candidates of the  
\_\_\_\_\_ political group **OR** \_\_\_\_\_ (Please Check) We are not affiliated with any  
(Group Name) political group or party.

**RESIDENCY INFORMATION – CANDIDATE FOR GOVERNOR**

My current Alaska residence address is: \_\_\_\_\_, AK \_\_\_\_\_  
(Use street #, mile post, or other physical location description) (City) (Zip)

I have lived at this address since \_\_\_\_\_, \_\_\_\_\_. I have been a resident of Alaska since \_\_\_\_\_, \_\_\_\_\_.  
(MM/DD) (YY) (MM/DD) (YY)

My mailing address: \_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

**RESIDENCY INFORMATION – CANDIDATE FOR LIEUTENANT GOVERNOR**

My current Alaska residence address is: \_\_\_\_\_, AK \_\_\_\_\_  
(Use street #, mile post, or other physical location description) (City) (Zip)

I have lived at this address since \_\_\_\_\_, \_\_\_\_\_. I have been a resident of Alaska since \_\_\_\_\_, \_\_\_\_\_.  
(MM/DD) (YY) (MM/DD) (YY)

My mailing address: \_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

**CONTACT INFORMATION**

Contact's Name: \_\_\_\_\_ Contact's Phone Number \_\_\_\_\_

Mailing address: \_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

**We are requesting voters to write our names as follows:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(For Governor - Last Name) (First Name) (MI) (Nickname and/or Suffix)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(For Lt. Governor - Last Name) (First Name) (MI) (Nickname and/or Suffix)

**CERTIFICATION**

We, the undersigned, certify that the information in this *Letter of Intent* is true and complete, and that we meet the specific residency and citizenship requirements of this office. We further certify that we shall be at least 30 years of age on the first Monday in December following the election. We are not candidates for any other office to be voted upon at the General Election in Alaska, nor are we candidates for this office under any other means of declaring candidacy.

Please provide one of the following  
for candidate/voter identification:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Candidate for Governor Signature) (Date) (Home Phone) (Work Phone) (SSN#, ADL#, Voter# or DOB)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Candidate for Lt. Governor Signature) (Date) (Home Phone) (Work Phone) (SSN#, ADL#, Voter# or DOB)

THE DIVISION OF ELECTIONS MUST RECEIVE THIS FORM NO LATER THAN THURSDAY, OCTOBER 28, 2010  
RETURN THIS FORM TO: DIVISION OF ELECTIONS, PO BOX 110017, JUNEAU AK 99811-0017

A35 (12/12/07)

**STATE OF ALASKA LETTER OF INTENT  
WRITE-IN CANDIDATES FOR STATE SENATOR or STATE REPRESENTATIVE**

Check one: My **Financial Disclosure Statement** is (1) \_\_\_\_\_ Enclosed OR (2) \_\_\_\_\_ On file with the Alaska Public Offices Commission  
**NOTE:** Candidates selecting option 2, are encouraged to contact APOC prior to filing to ensure they have a current  
*Public Officials (Non-incumbents) or Legislative (Incumbents) Financial Disclosure Statement* on file with APOC.

**GENERAL INFORMATION** (Please print or type)

I, \_\_\_\_\_, am a qualified voter as required by law and declare myself to be a resident of Alaska and of the District for which I declare my candidacy for the office of (check one):

\_\_\_ **STATE SENATOR** for District \_\_\_ - OR - \_\_\_ **STATE REPRESENTATIVE** for District \_\_\_

I am a write-in candidate for the **November 2, 2010 General Election** ballot.

I am registered under and am a candidate of the \_\_\_\_\_ political party **OR**  
(Party Name)

I am a candidate of the \_\_\_\_\_ political group **OR** \_\_\_\_\_ (Please Check) I am not affiliated  
(Group Name) with a political group or party

**RESIDENCY INFORMATION**

My current Alaska residence address is: \_\_\_\_\_, AK \_\_\_\_\_  
(Use street #, mile post, or other physical location description) (City) (Zip)

I have lived at this address since \_\_\_\_\_, \_\_\_\_\_  
(MM/DD) (YY)

Previous address if you have lived at your current address less than one year:

\_\_\_\_\_, Alaska \_\_\_\_\_  
(Previous Residence Address) (City) (Zip)

I have been a resident of Alaska since \_\_\_\_\_, \_\_\_\_\_, and a resident of the Election District for which I am seeking office since:  
(MM/DD) (YY)

\_\_\_\_\_, \_\_\_\_\_. My mailing address is: \_\_\_\_\_  
(MM/DD) (Year) (Mailing Address) (City) (State) (Zip)

**I am requesting voters to write my name as follows:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last Name) (First Name) (MI) (Nickname and/or Suffix)

**CERTIFICATION**

I, the undersigned, certify that the information in this *Letter of Intent* is true and complete, and that I meet the specific residency and citizenship requirements of this office. If I am filing for State Representative, I further certify that I shall be at least 21 years of age on the first scheduled day of the first regular session of the legislature convened after the election. If I am filing for State Senate, I further certify that I shall be at least 25 years of age on the first scheduled day of the first regular session of the legislature convened after the election. I am not a candidate for any other office to be voted upon at the General Election, nor am I a candidate for this office under any other *Declaration of Candidacy* or *Nominating Petition*.

\_\_\_\_\_  
(Candidate's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Home Phone) (Work Phone)

To assist staff in verifying candidate / voter identification  
please provide one of the following:  
SSN, ADL, Voter # or DOB: \_\_\_\_\_

THE DIVISION OF ELECTIONS MUST RECEIVE THIS FORM NO LATER THAN THURSDAY, OCTOBER 28, 2010  
RETURN THIS FORM TO: DIVISION OF ELECTIONS, PO BOX 110017, JUNEAU, AK 99811-0017