#### **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

GENERAL IN	FORMATION (	Please print or typ	e)	
I,	, am a qua ce of (check one):	lified voter as required	d by law and dec	clare myself to be
UNITED STATES SENATOR	- or -	UNITED ST	TATES REPR	RESENTATIVE
I request that my name be placed on the 2012 Prima	ry Election ballot. I	am registered under an	d am a candidate	e of the
politica	l party.			,
RES	SIDENCY INFOR	RMATION		
My current Alaska residence address is: (Use street #, r	nile post, or other physical	location description)	(City)	, AK
have lived at this address since / / (MM / DD /YY)		ident of Alaska since _	/ / (MM / DD /YY)	*
My mailing address:(Mailing Ad	ddroes)	(City)		
Mailing address and phone number for corre			State ons' web site lis	
(Official Candidate Mailing Address)	(City)	(State)	(Zip)	(Phone)
(Last Name) 'The Director of Elections may not include on the ballot as p candidate's name any nickname or familiar form of a proper				me and/or Suffix) nay include in the
, the undersigned, certify that the information in thi residency and citizenship requirements of this office. office, if elected. I am not a candidate for any other ounder any other Declaration of Candidacy or Nominat	I further certify that affice to be voted upouting Petition. I also a	ndidacy is true and cor I shall meet the age re n at the Primary election cknowledge that should	equirements upor n, nor am I a cand II choose to witho	n taking the oath of didate for this office draw my candidacy,
my withdrawal must be received by the Director of Ele Subscribed and sworn to before me this	3			
			nt	
Subscribed and sworn to before me this		s Signature)		
Subscribed and sworn to before me this			(Work Phone)	
Subscribed and sworn to before me this, 20	(Candidate) (Home Pho To assist st		e/voter identificati	ion,
Subscribed and sworn to before me thisday of	(Candidate' (Home Pho To assist st please prov	ne) aff in verifying candidate	e/voter identificati	
Subscribed and sworn to before me thisday of	(Candidate' (Home Pho To assist st please prov	ne) aff in verifying candidate ide one of the following:	e/voter identificati	

#### 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) \_, 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:

(Use street #, mile post, or other physical location description) (City) My mailing address: \_\_\_ (Mailing Address) Mailing address and phone number for correspondence and the Division of Elections' web site listing: (State) (Official Candidate Mailing Address) I request that my name appear on the ballot in the following manner: (Last Name) (First Name) (\*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 (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 NOTATO SEAL

A24 (Rev. 12/12/07)

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

Please check: My \$30 filir	ng fee accompanies this	s Declaration of Candidacy	
Please check one: My Financial Disclosure Sta			
Offices Commission. NOTE: Candidates selecting	option 2, are encourage	ed to contact APOC prior to t	filing to ensure they
have a <u>current</u> Public Officials (Non-incumbents	s) or Legisiative (incumb	ents) Financiai Disclosure 3	taternent on me.
GENERAL INFO	RMATION (Please	print or type)	
l,	, am a qualif	ied voter and declare myself to	be a resident of
Alaska and of the District for which I declare my candida	acy for the office of (check	one and write the district race)	•
STATE SENATOR for District	- or STATE I	REPRESENTATIVE for	District
I request that my name be placed on the 2012 Primary E	Election ballot. I am regis	stered under and am a candidat	e of the
political party.			
RESID	ENCY INFORMATI	ON	
			A14
My current Alaska residence address is: (Use street #, mile po	ost, or other physical location desc	cription) (City)	, AK
			less than one year
I have lived at this address since // (MM / DD / YY). F	revious address il you lia	ve lived at your current address	riess man one year.
	, AK		
(Previous Residence Address)	(City), AK		
I have been a resident of Alaska since / / (MM / DD / YY)	, and a resident of the E	Election District filed for since _	/ / (MM / DD / YY)
My mailing address is:			
(Mailing Address)  Mailing address and phone number for correspondent	andonce and the Divis	(City) (Sta	
maining address and phone number for correspo	ondence and the Divis	IOII OI LIECTIONS WED SITE	isting.
(Official Candidate Mailing Address)	(City)	(State) (Zip)	(Phone)
I request that my name appear on the ballot	t in the following ma	inner:	
(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 hon	orary or assumed title or prefix but	
candidate's name any nickname or familiar form of a proper nan	ne of the candidate. [AS 15.1	15.030(4)]	
	ERTIFICATION		
I, the undersigned, certify that the information in this L	Declaration of Candidacy	is true and complete, and that	t I meet the specific
residency and citizenship requirements of this office. If	I am filing for State Repre	esentative, I further certify that	i shall be at least 21
years of age on the first scheduled day of the first regula Senate, I further certify that I shall be at least 25 years of	r session of the legislature of age on the first schedul	e convened aπer the election. I ed day of the first regular sessi	ion of the legislature
convened after the election. I am not a candidate for an	y other office to be voted	upon at the Primary election, r	nor am I a candidate
for this office under any other Declaration of Candidacy	or Nominating Petition.	also acknowledge that should	choose to withdraw
my candidacy, my withdrawal must be received by the I election.	Director of Elections in wi	iting over my signature at leas	40 days before the
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 ver	rifying candidate/voter identifica	tion
wy continission expires.	please provide one		,
	SSN, ADL, Voter#	or DOB	
Anna Anna Anna			
			ADE (Day 00/00/44)
			A25 (Rev. 02/08/11)

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

Please check: I acknowledge that the	_	m and Subso	cribers pages a	re due by
Please check: I acknowledge that				Commission for
federal reporting require	ements: 999 E St. NW, Wa	ashington, Do	C 20463	
GENERAL INF	ORMATION (Please	print or typ	e)	
	m a qualified voter as req			
resident of Alaska and a candidate by petition for of:				
Check one: UNITED STATES SENA	ATOR ORU	JNITED ST	ATES REPF	RESENTATIVE
I will accept this nomination and request that my r my petition is certified.	name be placed on the <b>N</b> o	ovember 2, 2	010 General E	lection ballot if
RESII	DENCY INFORMATION	ON		
My current Alaska residence address is: (Use street #, mil	e post, or other physical location des	scription)	(City)	, AK
I have lived at this address since / / (MM / DD /YY)		laska since _	/ / (MM / DD /YY)	·
My mailing address:(Mailing Add	ress)	(City)	,, (State	e) (Zip)
Mailing address and phone number for corresp			ons' web site l	isting:
(Official Candidate Mailing Address)	(City)	(State)	(Zip)	(Phone)
I request that my name appear on the C	Seneral Election ball	lot in the f	ollowing ma	inner:
*The Director of Elections may not include on the ballo include in the candidate's name any nickname or familia [AS 15.15.030(4)]				ne and/or Suffix) tle or prefix but may
	CERTIFICATION			
I, the undersigned, certify that the information in the residency and citizenship requirements of this office the oath of office, if elected. I am not a candidate election, nor am I a candidate for this office under acknowledge that should I choose to withdraw my Elections in writing over my signature at least 48 d serve if elected.  Subscribed and sworn to before me this	ce. I further certify that I s for any other office to be v any other Declaration of C candidacy, my withdrawa	hall meet the voted upon a Candidacy or Il must be rec	e age requirement the Primary or Nominating Pe ceived by the Di	ents upon taking General etition. I also irector of
day of, 20	(Candidate's Signature)	)		
(Signature of Notary Public)	(Home Phone)	-	(Work Phone)	
My commission expires:	To assist staff in ve please provide one SSN, ADL, Voter#	of the follow	ring:	
FEDTAPY (SPA)	COIN, NOL, VOICE #	J, 200.		
				A19 (Rev. 1/21/09)

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

	• •			
Please check: I acknowledge that the Nor 5:00	minating Petition Fo		ribers' pages mu	st be filed by
Please check one: My <b>Financial Disclosure State</b> Offices Commission. <b>NOTE:</b> Candidates selecting they have a <u>current Public Officials</u>	g option 2, are enco	ouraged to cont	act APOC prior t	to filing to ensure
GENERAL INFO	RMATION (Plea	se print or ty	rpe)	
	qualified voter as re	•	• •	elf to be a
resident	quamica voter as re	quired by law,	and decidie mys	ien to be a
of Alaska and a candidate by petition for theof:		po	litical group (if a	ny), for the office
	GOVERNOR			
The name of the candidate running jointly with m	ne for Lt. Governo	r is	IAC 45 25 480(a)/4	7\1
I will accept this nomination and request that my nam petition is certified.				
RESIDE	NCY INFORMA	TION		
				٨٧
My current Alaska residence address is:  (Use street #, mile po	ost, or other physical location	on description)	(City)	, AR (Zip)
I have lived at this address since / / (MM / DD /YY).	have been a resident	of Alaska since	/ / (MM / DD /YY)	
My mailing address:			1	<u> </u>
(Mailing Address		(City)	(Sta	, , , , ,
Mailing address and phone number for correspon		VISION OF EIEC	tions web site i	isting:
(Official Candidate Mailing Address)	(City)	(State)	(Zip)	(Phone)
I request that my name appear on the Ge	neral Election I	ballot in the	following ma	anner:
(Last Name) , (First Na *The Director of Elections may not include on the ballot as include in the candidate's name any nickname or familiar fo	s part of candidate's			tle or prefix but ma
I, the undersigned, certify that the information in this I residency and citizenship requirements of this office. Monday in December following the election. I am not General Election, nor am I a candidate for this office also acknowledge that should I choose to withdraw melections in writing over my signature at least 48 days serve if elected.	I further certify that t a candidate for an under any other De ny candidacy, my w	at I shall be at lead by other office to eclaration of Ca withdrawal must	east 30 years of a b be voted upon ndidacy or Nomi be received by t	age on the first at the Primary or nating Petition. I he Director of
Subscribed and sworn to before me this				
day of, 20	(Candidate's Signa	iture)		
,				
(Signature of Notary Public)	(Home Phone)		(Work Phone)	
My commission expires:	please provide	one of the follo	-	
	SON, AUL, VOI	ei#0iDOB:		
DOTARY SEMI				

A20 (Rev 11/19/07)

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

Please check: I acknowledge that the Nomir		Subscribers' pages mu	st be filed by
Please check one: My Financial Disclosure Statem	n, August 24, 2010 nent is (1) Enclosed O	R (2) On file with the	he Alaska Public
Offices Commission. <b>NOTE:</b> Candidates selecting o they have a <u>current Public Officials F</u>	ption 2, are encouraged to	o contact APOC prior t	o filing to ensure
GENERAL INFORM	MATION (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 o	ffice of:
LIEUTENAI	NT GOVERNOR		
The name of the candidate running jointly with me	for Governor is	[AS 15.25.180(a)(1	7)1
I will accept this nomination and request that my name my petition is certified.	be placed on the <b>Noveml</b>		
RESIDEN	CY INFORMATION		
My current Alaska residence address is:	or other physical location description		, AK
(Use street #, mile post,	or other physical location description	) (City)	(Zip)
I have lived at this address since / / /	re been a resident of Alaska	since / / (MM / DD /YY)	·
My mailing address:(Mailing Address)		(City) (Stat	(Zip)
Mailing address and phone number for corresponde	ence and the Division of	* **	isting:
(Official Candidate Mailing Address)	(City)	(State) (Zip)	(Phone)
I request that my name appear on the Gene			
*The Director of Elections may not include on the ballot as p include in the candidate's name any nickname or familiar form	art of candidate's name, any	honorary or assumed ti	tle or prefix but may
CEF	TIFICATION		
I, the undersigned, certify that the information in this Filiresidency and citizenship requirements of this office. It Monday in December following the election. I am not a General Election, nor am I a candidate for this office unalso acknowledge that should I choose to withdraw my Elections in writing over my signature at least 48 days be serve if elected.	further certify that I shall b candidate for any other o der any other Declaration candidacy, my withdrawal	e at least 30 years of a ffice to be voted upon of Candidacy or Nomi must be received by t	age on the first at the Primary or nating Petition. I he Director of
Subscribed and sworn to before me this			
, day of, 20	(Candidate's Signature)		
	(Home Phone)	(Work Phone)	
(Signature of Notary Public)	(Home Phone)	(vvork Prione)	
My commission expires:	To assist staff in verifyin please provide one of th SSN, ADL, Voter # or DO	e following:	
NOTAH LEWIN			A34 (Pov. 11/10/07)

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

Please check: I acknowledge that the Nominating Per Please check one: My Financial Disclosure Stateme Commission. NOTE: Candidates selecting option 2, are Public Officials (Non-incumbents) or Legislative	ent is (1) Enclosed (	OR (2) On fi APOC prior to	le with the Alaska filing to ensure th	Public Offices ey have a <u>current</u>
GENERAL INFOR	MATION (Please	print or typ	e)	
I,, an	n a qualified voter as re	quired by law a	nd declare mysel	to be a resident
of Alaska and candidate by petition for thewrite district race):	polit	tical group (if an	y), for the office of	of (check one and
STATE SENATOR for DISTRICT (	ORSTATE R	EPRESENT	ATIVE for D	ISTRICT
I will accept this nomination and request that my name be p certified.				
RESIDE	NCY INFORMATI	ION		
My current Alaska residence address is: (Use street #, mile post,			(City)	, AK
(Use street #, mile post,  I have lived at this address since / / / (MM / DD / YY)  (Previous Residence Address)	vious address if you ha	ve lived at your		
			filed for since	, ,
I have been a resident of Alaska since / / (MM / DD / YY)	and a resident of the c	Election District	illed for since	(MM / DD / YY)
My mailing address is:(Mailing Address)		(CiA.)	'	(Zip)
(Mailing address and phone number for correspond	dence and the Divis	ion of Election	ons' web site li	sting:
(Official Conditions Mailing Address)	(City)	(State)	(Zip)	(Phone)
(Official Candidate Mailing Address)				
I request that my name appear on the Gen	ieral Election ba	llot in the f	ollowing ma	nner:
(Last Name)  The Director of Elections may not include on the ballot as part of cacandidate's name any nickname or familiar form of a proper name of	(First Name) andidate's name, any hono of the candidate. [AS 15.1	(M orary or assumed 5.030(4)]		ne and/or Suffix) ay include in the
I, the undersigned, certify that the information in this Filing N citizenship requirements of this office. If I am filing for State the first scheduled day of the first regular session of the legiscertify that I shall be at least 25 years of age on the first schelection. I am not a candidate for any other office to be vote office under any other Declaration of Candidacy or Nominaticandidacy, my withdrawal must be received by the Director delection. I will accept this nomination and will serve if elected Subscribed and sworn to before me this	Representative, I further slature convened after the duled day of the first read upon at the Primary ong Petition. I also acknow Elections in writing on	er certify that I s the election. If I egular session of or General elect nowledge that sl	shall be at least 2 I am filing for Stat of the legislature of ion, nor am I a ca nould I choose to	1 years of age on e Senate, I further convened after the indidate for this withdraw my
	(Condidata's Signatur	-1		
day of, 20	(Candidate's Signatur	=)		
Signature of Notary Public)	(Home Phone)		(Work Phone)	
My commission expires:	To assist staff in verplease provide one SSN, ADL, Voter #	of the following:	Last 4 SSN, Sta	te ID#
Man water Street				A22 (Rev. 1/21/09)

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

	We, the a					
			(Name of C	Candidate)		
renrese	nting the				_ political gro	un (if any)
represe	(N	ame of political	group if any	, if none write "none'	_ pontical glob	up (II arry)
		for th	ne office o	f (check one):		
			_ U.S. S	ENATOR		
			OF	₹		
		U.	S. REPR	ESENTATIVE		
			•	ed on the ballot fo of the above nam		
The signatures	supporting t	nis candidate		hed. The candida		
The signatures :	•	filed by	e are attact	hed. The candida I, 2010 deadline.		
(Signature of Cand	didate or Conta	filed by	e are attact the June 1 resenting th	hed. The candida I, 2010 deadline.		ification form wa
(Signature of Cand	didate or Conta	filed by act Person Rep of Contact Per	e are attact the June 1 resenting th	hed. The candida I, 2010 deadline.		ification form wa
(Signature of Cand	didate or Conta	filed by act Person Rep of Contact Per	e are attact the June 1 resenting th	hed. The candida I, 2010 deadline. e Candidate)	ate's Filing Not	ification form wa
(Signature of Cand	didate or Conta	filed by act Person Rep of Contact Per act Person) Person)	e are attactine 1 resenting the son)	hed. The candida I, 2010 deadline. e Candidate)	(State)	ification form wa  (Date)  (Zip Code)  Vork Phone)
(Signature of Cand	didate or Contact  (Printed Name)  dress for Contact  Please atta	filed by act Person Rep of Contact Per act Person) Person)	e are attact the June 1 resenting the resent	hed. The candidal, 2010 deadline. e Candidate)  (City)	(State) (V	ification form wa  (Date)  (Zip Code)  Vork Phone)
(Signature of Cand	(Printed Name Idress for Cont ss for Contact Please atta	filed by act Person Rep of Contact Per act Person) Person) ach all Subs	e are attaction and the June 1 resenting the	hed. The candidal, 2010 deadline. e Candidate)  (City) Home Phone) ages (signature	(State) (Vages) to this	ification form wa (Date)  (Zip Code)  Vork Phone)  s form.
(Signature of Cand (Mailing Ad (Email Addre Note:	(Printed Name Idress for Cont ss for Contact Please atta	filed by act Person Rep of Contact Person) Person) Ich all Subs	e are attactine the June 1 resenting the res	hed. The candidal, 2010 deadline. e Candidate)  (City) Home Phone) ages (signature S - OFFICE USE	(State) (Vages) to this	ification form wa  (Date)  (Zip Code)  Vork Phone)  s form.

# 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(Name of political group if any, if none write "no	political group (if any)
for the office of:	,
GOVERNOR	
We request that our candidate's name be placed on the ballo General Election as a candidate by petition of the above n	
The signatures supporting this candidate are attached. The candidate by the June 1, 2010 deadling	
(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 (signatu	ure pages) to this form.
DIVISION OF ELECTIONS - OFFICE U	SE ONLY
Number of signature pages attached Approximate I	Number of signatures
Place of filing: DO RI RII Mat-Su RIII RIV Received by:  Processed by:	MAIL IN PERSON
	A20a (Rev. 1/28/09)

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

We, the attached named subs	scribers, support the	e candidacy of	
/Nome of	of Condidate)		
(Name o	of Candidate)		
representing the(Name of political group if a	any, if none write "none'	political grou	ıp (if any)
for the	e office of:		
LIEUTENAN	IT GOVERNOR		
We request that our candidate's name be pla General Election as a candidate by petitic			
The signatures supporting this candidate are atta filed by the June	ached. The candida e 1, 2010 deadline.	ate's Filing Noti	fication form was
(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)	(W	ork Phone)
Note: Please attach all Subscribers	pages (signature	pages) to this	form.
DIVISION OF ELECTIO	NS - OFFICE USE	ONLY	
Number of signature pages attached	Approximate Num	ber of signatures	
Place of filing: DO RI RII Mat-Su RIII RIV	Received by: N	MAIL IN PERSO	DN
			A21a (Rev. 1/21/09)

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

We, the attached named s	ubscribers, support the	candidacy of	
(Nan	ne of Candidate)		1
	o if any, if none write "none") fice of (check one):	political gro	up (if any)
STATE SENATOR	representing DISTF	RICT	_
	OR		
STATE REPRESENTAT	IVE representing D	ISTRICT_	
We request that our candidate's name be General Election as a candidate by pet			
	une 1, 2010 deadline.	e's Filing Not	
(Signature of Candidate or Contact Person Represent	ting the Candidate)		(Date)
(Printed Name of Contact Person)			
(Mailing Address for Contact Person)	(City)	(State)	(Zip Code)
(Email Address for Contact Person)	(Home Phone)	(V	Vork Phone)
Note: Please attach all Subscribe	ers' pages (signature p	ages) to this	s form.
DIVISION OF ELECT	TONS - OFFICE USE (	ONLY	
Number of signature pages attached	_ Approximate Numb	er of signatures	
Place of filing: DO RI RII Mat-Su RIII Processed by:	RIV Received b	y: MAIL I	N PERSON A22a (Rev. 1/21/09)

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

Please check: I acknowledge that I am res reporting requirements				mmission f	or federal
GENERAL INFO	RMATION (Plea	ase print or ty	pe)		
1		am a qua	lified voter :	as required	by law, a
I,	(check one):	, a,,, a qaa			,, u
UNITED STATES SENATOR	OR U	INITED STAT	TES REP	RESENT	ATIVE
I am a write-in candidate for	the <b>November 2, 20</b>	10 General Ele	ction ballo	t.	
I am registered under and am a candidate of the	(Party N	lame)		political par	rty <b>OR</b>
I am a candidate of the(Group Name)	political group		ease Check n a political		
RESID	ENCY INFORM	ATION			
My current Alaska residence address is:				, A	ιK
My current Alaska residence address is:  (Use street #, m	le post, or other physica	location description	(City	)	(Zip)
I have lived at this address since,,	. I have bee	n a resident of A	laska since	(MM/DD)	
·	,			, ,	
My mailing address:(Mailing Address)		(City)		(State)	(Zip)
I am requesting voters to write my name	(First Name)	(MI)	(Nic	kname and/or	· Suffix)
I, the undersigned, certify that the information in this Let citizenship requirements of this office. I further certify tha am not a candidate for any other office to be voted upon Declaration of Candidacy or Nominating Petition.	t I shall meet the age	requirements upo	n taking the	oath of office	e, if elected. I
(Candidate's Signature)		(Date)			
(Home Phone) (Work Phone)	please	st staff in verifying provide one of the DL, Voter # or DO	following:	voter identifi	cation,
THE DIVISION OF ELECTIONS MUST RECEIVE RETURN THIS FORM TO: DIVISION OF				11-0017	(Rev. 1/21/09)

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

Candidate for <b>Governor</b> Check one: My <b>Fir</b> Candidate for <b>Lt. Governor</b> Check one: My <b>F NOTE</b> : Candidates selecting option 2, are encourage Official	Financial Disclo	sure Statements	is (1) Enclose commission prior to	sed <b>OR</b> (2) O	n file with APOC.
GENERA	L INFORM	ATION (Pleas	se print or type	e)	
1,			lare myself to be	a qualified voter as	required by
law, a resident of Alaska, and candidate for the offi	ce of: GOVE	RNOR			
l,				a qualified voter as	required by
law, a resident of Alaska, and candidate for the offi					
We are write-in car		•			
We are registered under and are candidates of the					ididates of the
politi (Group Name)	cal group OR		eck) We are not a oup or party.	ffiliated with any	
RESIDENCY INF	ORMATION	N - CANDIDA	TE FOR GO	VERNOR	
My current Alaska residence address is:		her physical location		, AK	·
					(Zip)
I have lived at this address since(MM/DD)	_, I h	ave been a reside	nt of Alaska since	(MM/DD)	(YY) ·
My mailing address:(Mailing A	ddress)		(City)	(State)	(Zip)
RESIDENCY INFORMA	*	IDIDATE FOR	,	. ,	
My current Alaska residence address is:				. AK	
(Use stree	t#, mile post, or c	ther physical locatio	n description)	(City)	(Zip)
I have lived at this address since	_, I ha	ave been a reside	nt of Alaska since	(44.455)	-!
Mariana 200 maria dalam and				(MM/DD)	(YY)
my mailing address:(Mailing A	Address)		(City)	(State)	(Zip)
	CONTACT	INFORMATI	ON		
Contact's Name:		Contact's Pl	none Number		
Mailing address:		<del></del>			
(Mailing Address)			(City)	(State)	(Zip)
We are requesting voters to write ou	ır names as	follows:			
(For Governor - Last Name)	(Firs	t Name)	(MI)	(Nickname and/o	r Suffix)
(For Lt. Governor - Last Name)	(Firs	t Name)	(MI)	(Nickname and/o	r Suffix)
We, the undersigned, certify that the information in thi requirements of this office. We further certify that we should also for any other office to be voted upon at the Coandidacy.	s <i>Letter of Intent</i> iall be at least 30	years of age on the	e first Monday in De	ecember following the s office under any of Please provide	e election. We are not
(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 F RETURN THIS FORM TO					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 <u>current Public Officials (Non-incumbents) or Legislative (Incumbents) Financial Disclosure Statement on file with APOC.</u>

	GENERAL IN	NFORMATIC	<b>ON</b> (Please print or t	ype)		
l,			_, am a qualified voter as r	equired by lav	v and declare r	nyself to
, be a resident of Alaska and	of the District for which I	declare my cano	didacy for the office of (che	ck one):		
STATE SENAT	OR for District	OR	_ STATE REPRES	ENTATIV	E for Distr	ict
			nber 2, 2010 General E	<b>lection</b> ballo	t.	
am registered under and a	am a candidate of the				political party	OR
				(5)	<b>~</b> !	. cer
am a candidate of the	(Group Name)		political group OR	(Please with a p	Check) I am no olitical group o	ot affiliated or party
	RE:	SIDENCY IN	IFORMATION			
//v current Alaska residenc					, AK _	
My current Alaska residenc	(Use street #, m	nile post, or other phy	vsical location description)	(City)		(Zip)
have lived at this address	since,	<del>_</del> '				
	(MM/DD) (YY	)				
Previous address if you have	e lived at your current add	dress less than o	one year:			
/Prov	ious Residence Address)		(City)	, Alas	ska	(7in)
`	,		,			
have been a resident of Al	aska since, _ (MM/DD)	, and a re	esident of the Election Dist	rict for which I	am seeking of	fice since:
Mv	mailing address is:					
(MM/DD) (Year)	mailing address is:	(Mailing Add	dress) (	City)	(State)	(Zip)
am requesting vot	ers to write my na	me as follo	ws.			<del>.</del>
am requesting vot	cro to write my na	ine do iono				
(Last Na	me)	(First Na	ame) (MI	) (Nic	kname and/or S	uffix)
		CERTIFIC				
the undersigned, certify ti itizenship requirements of	nat the information in this this office. If I am filing for	i <i>Letter of Intent</i> or State Repres	is true and complete, and entative. I further certify th	i that I meet at I shall be a	ine specific re: t least 21 veai	sidency and s of age of
ne first scheduled day of th	e first regular session of t	the legislature co	onvened after the election.	If I am filing	for State Sena	ate, I furthe
ertify that I shall be at leas lection. I am not a candid						
ny other Declaration of Cal			at the General Liection, in	or ann a can	Judge IOI tills	onice unde
(Candidate's Signature)			(Date)			
			To assist staff in verifying candidate / voter identification			
				please provide one of the following: SSN, ADL, Voter # or DOB:		
(Home Phone)	(Work Phone)					
(Home Phone)	(Work Phone)					
				ОВ:	2010	
	VISION OF ELECTIONS MUST I	RECEIVE THIS FOR	SSN, ADL, Voter # or D	OB:, october 28,		2av 1/21/00

A32 (Rev. 1/21/09)