



Candidate's Statement of Qualifications

Candidate Name		OFFICE USE ONLY Word Count: _____
Office Title		
Election Date		
Age (Optional)		
Occupation (Optional)		

STATEMENT INSTRUCTIONS TO THE CANDIDATE:

The Candidate Statement may include your age, occupation and a brief description of your education and qualifications. Statements must be typed on this form (see box provided below) or printed separately and attached to this form for filing. Typed statements must adhere to the following formatting rules:

- Statements must be typed in upper and lower case (all caps are not permitted).
- No bolding, underlining, or italics may be used.
- Statements must be a single paragraph.
- No bullets, stars, or asterisks are allowed.
- Tables or lists of items or phrases are not permitted. These items must be formatted in line within the paragraph.

EDUCATION AND QUALIFICATIONS:

Any statement that does not conform to the formatting rules will be formatted into compliance by the Election Official to assure uniformity in appearance. Check carefully for errors in spelling, punctuation, and grammar before filing. Once filed, your statement cannot be amended and the content will be printed exactly as submitted by you.

Maximum Word Count permitted: _____ words

Estimated Cost of Statement: \$_____ to be paid by the Candidate District

FILING INSTRUCTIONS TO THE CANDIDATE:

If you opt to publish a Candidate Statement in the County Voter Information Guide, you must prepare and file your statement prior to completing your Declaration of Candidacy.

Payment is required at the time of filing and is based on an estimated cost of printing a half page in the County Voter Information Guide.

An electronic, Word format of your Candidate Statement must be submitted via email to: electionsmaterials@tularecounty.ca.gov

- I state that, in accordance with Elections Code §13307 and §13308, I prepared the above or attached Candidate Statement to be printed in the County Voter Information Guide and mailed to each registered voter of my district.
- I understand that my name, age, and occupation, as listed on this form, will appear with my Candidate Statement in the County Voter Information Guide.
- I understand that I am responsible for the initial deposit for estimated printed costs and that I may be billed for the difference, or may receive a refund, based on the actual and final cost of the Candidate Statement.
- If I have no competition or my contest will not appear on the ballot, I wish to withdraw my Candidate Statement within 24 hours of the closing and receive a full refund. Please send the refund to the following address:_____.

Candidate Signature: _____ **Date:** _____

DECLINING THE CANDIDATE’S STATEMENT:

- I have been informed that, under Elections Code §13307, I have the option of composing and publishing a Candidate Statement detailing my education and qualifications to run for this office.
- I am declining to file a Candidate Statement for the County Voter Information Guide.

Candidate Signature: _____ **Date:** _____

OFFICE USE ONLY			
DEPOSIT RECEIVED: <input type="checkbox"/> Check# _____ <input type="checkbox"/> Copy Issued			
Date: _____		Initials: _____	
ELECTRONIC SUBMISSION RECEIVED:		Date: _____	Initials: _____