COUNTY OF LOS ANGELES
REGISTRAR-RECORDER/COUNTY CLERK

ELECTION PLANNING SECTION
(562) 462-2317

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
- ☐ 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 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