

CITY OF NOME, ALASKA
DECLARATION OF CANDIDACY

Full Name of Candidate:_____

Name on Ballot:_____

Resident Address:_____

Mailing Address:_____

Telephone Number:Home_____Work:_____

EMAIL Address_____Social Security_____

Office and Seat Declaring:Office_____Seat:_____

Date of Election:_____

I hereby certify that:

1. I meet the specific residency and citizenship requirements of the office for which I am a candidate.
2. I am a qualified voter as required by law in the State of Alaska and the City of Nome.
3. I meet the age requirement for the office for which I am a candidate.
4. I am not a candidate for more than one office and seat.
5. I have paid the \$20.00 non-refundable fee for declaration.
6. I request my name be placed on the municipal election ballot.
7. I have filed the required Public Official Financial Disclosure Statement

Signature of Candidate

Date:_____

ATTEST:_____

City Clerk