

Candidate's Statement of Qualifications

(Optional) (*Elections Code §§ 13307-13311*)

If you **DO** wish to have your statement of qualifications printed in the Voter's Pamphlet, submit your statement by email. Neither grammar nor spelling will be proofed or changed by Amador County Election's Department.

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Candidate for the office of: _____

Ballot Name: _____

Ballot Designation: _____

EMAIL CANDIDATE STATEMENT

Candidates' statements **MUST** be emailed to the Amador County Election's Department **PRIOR** to submission and payment. The Amador County Election Department will accept candidate statements by email at elections@amadorgov.org

Brief Statement of not more than 200 words expressed by the candidate

(*Congressional, Senatorial, or Assembly candidate statement not more than 250 words)

(**Senatorial and Assembly candidates must accept the voluntary expenditure ceiling see Form 501)

Rules for formatting the body of your candidate's statement:

Block paragraphs, no indentations

Justified text, even left and right margins

Use only regularly hyphenated words are allowed

Statement must fit in the space allowed

NO ALL CAPS, must be upper and lower case

No bolding

No underlining

No Italics

No bullet points, numbering, or lists

PRINTING AND HANDLING OF THE CANDIDATE'S STATEMENT

I agree to pay, upon billing any additional cost involved in the printing and handling of the submitted statement if actual costs exceed the estimated cost, and understand that a refund will be made if the deposit exceeds the cost. I certify under penalty that my candidate's statement submitted is true and correct to the best of my knowledge and belief. I also certify that I have read the above rules governing filing a candidate's statement.

I request that my statement be withdrawn and not printed if no other candidate files for this office.

SIGNATURE _____ DATE _____

*I do **NOT** elect to file a statement as permitted by section 13307 of the Election Code*

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

initials	_____	CONTENT
number	_____	WORD COUNT
amount	_____	FEE COLLECTED