# STATE OF ALASKA - DIVISION OF ELECTIONS

# DECLARATION OF CANDIDACY FOR REGIONAL EDUCATIONAL ATTENDANCE AREA BOARD MEMBER ELECTION DATE: OCTOBER 1, 2019

### **GENERAL INSTRUCTIONS:**

- 1. **Who May File:** If you are registered to vote within the boundaries of the Regional Educational Attendance Area (REAA) you may file for the office of REAA board member. You must also be registered to vote within the section of the seat for which you are filing.
- When To File: You may file now, the sooner the better. Hand delivered and faxed candidacy filings must be received no later than 5:00pm, Friday, August 2, 2019. Mailed forms must be <u>postmarked</u> no later than August 2, 2019, <u>and received</u> by the Division of Elections no later than August 12, 2019.
- 3. How and Where To File: Complete the candidate information below, sign and date the certification, and hand deliver, mail or fax it to any Division of Elections office (addresses below).

		EARLY OR TYPE YOUR		N		
l,	([	Full Name of Candidate),	request that m	y name be pla	aced on the ballot	
for the election on <b>October 1, 2019</b> , for the following REAA :				f REAA or REAA #) Seat (Seat #)		
		(Print nam	ie of REAA or RE	:AA #)	(Seat #)	
My <b>RESIDENCE</b> address is:	(Physical address where you reside)		,(C	Alaska _ (City)		
	(i flysical addic	33 Where you reside;	(0	ity /	(Zip Code)	
My <b>MAILING</b> address is:				<i>F</i>	Alaska	
· ——			(Ci	ty)	(Zip Code)	
Telephone Numbers:						
relephone Numbers.	(Home)	(Work)	(Mes	ssage)		
I request my name be prin	ted on the ballot a	s follows:				
(Last Name)		(First Name)	(MI)	(MI) (Nickname and/or Suffix*)		
*The Director of Elections may not incl candidate's name any nickname or far		candidate's name, any honora		•	,	
Mailing address and phone r		yed on the Division of E	lections' web	site listing:	(Phone)	
(Official Carididate Mailing Add	11622)	(City)	(State)	(ZIP)	(Filone)	
<b>OATH:</b> I, the undersigned, certify and that I meet the specific reside required by law, that I am qualified other <i>Declaration of Candidacy</i> .	ncy and voter qualification	on requirements of this offic	e. I further certify	y that I am a qua	alified voter as	
SIGNATURE:		DATE:	ID #:			
			(i.e., \	√oter #, SSN or Last	t-4, DOB, ADL or AK ID)	

# **Privacy Disclaimer**

Unless otherwise made confidential or protected from disclosure by law, information provided on this form may be subject to disclosure under the Alaska Public Records Act (AS 40.25.100—40.25.295). Failure to provide requested personal information may result in the Division's inability to process relevant portions of this form. Requested information will be used only for purposes directly associated with the processing of this form. For information on how to challenge the accuracy or completeness of personal information maintained by the Division, please send the Division a written request that the personal information be changed. The request must comply with AS 40.25.310 and be sent to the Division of Elections at the following address: Division of Elections, Director's Office, PO Box 110017, Juneau, AK 99811-0017.

# Mail or Fax your completed Letter of Intent to the elections office nearest you:

Director's Office PO Box 110017 Juneau, AK 99811-0017 Phone (907) 465-4611 Toll Free (866) 952-8683 Fax: (907) 465-3203 Region I Elections Office PO Box 110018 Juneau, AK 99811-0018 Phone (907) 465-3021 Toll Free (866) 948-8683 Fax: (907) 465-2289

Region III Elections Office 675 7th Avenue Suite H3 Fairbanks, AK 99701-4542 Phone (907) 451-2835 Toll Free (866) 959-8683 Fax: (907) 451-2832 Region IV Elections Office PO Box 577 Nome, AK 99762-0577 Phone (907) 443-5285 Toll Free (866) 953-8683 Fax: (907) 443-2973