

## **APPLICATION FOR NOMINATION PAPERS STATE OF HAWAII**

The information contained on this form will be released to the public with the exception of Social Security Number, birth date, and residence address number.

Type or print all information in black ink. Failure to print legibly or to complete all requested items may prevent acceptance of application.

| SECTION I: CANDIDATE INFORMATION   |   |  |   |
|--|---|--|---|
| 1. Social Security Number  | 2. Date of Birth  | 3. Contact Telephone Number:                           | 4. Gender<br>[] Male [] Female            |
| 5. Current Felony Conviction   | []YES []NO  | 6. Indigent<br>[ ] YES [ ] NO                          |   |
| 7. Legal Name: Last  | First   |  | Middle Initial                            |
| 8. Name Commonly Known As (if different from legal name)   |   |  |   |
| 9. Legal Residence Address (House number, Street, Apartment Number)  |   | City   | Zip Code                                  |
| 10. If no Street Address, Describe Location of Residence   |   | City   | Zip Code                                  |
| 11. Mailing Address (if different from Item 10; Hawaii address only)   |   |  |   |
| 12. E-Mail Address   |   | 13. Internet Web Address                               |   |
| <ul> <li>14. Read the following and check</li> <li>I am a citizen of the United St</li> <li>I am a resident of the State of</li> <li>I am a registered voter of the</li> </ul>               | ates of America<br><sup>-</sup> Hawaii                                  | [ ] YES [ ] NO<br>[ ] YES [ ] NO<br>[ ] YES [ ] NO     |   |
| SECTION II: CONTEST INFORMATION  |   |  |   |
| 15. Contest Title (Enter One Contest Only)16.  |   | 16. Jurisdiction or District (Enter One District Only) |   |
| 17. Party Affiliation or Nonpartisar   | 18. Party Member?       19. Name of Contact Person         [] Yes [] No |  |   |
| 20. Relationship of Contact Person 21. Contact Telephone Number:   |   |  |   |
| 22. The information provided in Sections I and II herein is true and correct and I hereby authorize the Chief Election Officer and/or the City/County Clerk to verify the above information. |   |  |   |
| Applicant Signature: Date:   |   |  |   |
| SECTION III: FOR OFFICE USE ONLY. CANDIDATES DO NOT WRITE BELOW THIS LINE. Issued the following to the candidate:  |   |  |   |
| [] Nomination Papers [] Manual [] Ethics Comm. [] Campaign Spending Packet [] Election Laws  |   |  |   |
| Registration Status Verified:<br>[] Yes [] No  | District/Precinct:  | OBTS Verified:<br>[] Yes [] No                         | Candidate Profile Signed:<br>[] Yes [] No |
| Contest Code (office-district-party):  | Date & Time Issued:   | Issued By:   | Location:                                 |
| Typed Ballot Name (27 spaces)  |   |  |   |
| I certify that the above ballot name is correct (Initial by Candidate)   |   |  |   |
| Map Number(s) Issued:  | Date & Time Filed:  | Received By:   | Location:                                 |
| Affidavit of Compliance Filed:<br>[] Yes [] No   | Filing Fee Amount Received:<br>\$                                       | Receipt Number:  | Entered in CF program:                    |
| Comments:  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |

State & County Candidates are required to provide their social security numbers (See HRS§11-15, the Hawaii State Constitution, and the County Charters). Federal candidates are not required by law to provide such information. Pursuant to Section 7 of the Federal Privacy Act (P.L. 93-579). Be advised that social security information may be released to governmental agencies for governmental purposes. (Office of Elections, Revised 12/14/07) NOTE: