

**CERTIFIED LIST OF QUALIFIED CANDIDATES
GENERAL/SPECIAL MUNICIPAL ELECTION CONSOLIDATED WITH COUNTY ELECTIONS**

CITY OF:									
NAME	ADDRESS	TELEPHONE NUMBER	BALLOT DESIGNATION	OFFICE TITLE	CANDIDATE STATEMENT	CHECK IF	GENDER		
TO APPEAR ON BALLOT MUST MATCH NAME ON CANDIDATE STATEMENT (First, Middle/Nickname, Last)	WILL BE PUBLISHED TO MEDIA AND PUBLIC	WILL BE PUBLISHED TO MEDIA AND PUBLIC	TO APPEAR ON BALLOT (IF NONE REQUESTED INDICATE "NONE")	EXAMPLE: MAYOR, CITY COUNCIL, ETC.	PLEASE INDICATE YES OR NO	TRANSLATION IS REQUESTED (SPANISH)	MALE OR FEMALE		
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____		

QUALIFIED CANDIDATES									

Contact Person:	Title:		
Telephone No.:	Cell Phone No:	Available Hours:	E-mail:

This Certified List is approved by:

(Print Name of Election Official): _____

(Signature of Election Official): _____ **Kimberly M. Rodrigues**

Date: _____

Digitally signed by Kimberly M. Rodrigues
Date: 2024.08.15 12:03:44 -07'00'