

CANDIDATE VERIFICATION FORM

Legal Name _____

Name on Ballot _____

Office/Contest _____ District (if any) _____

Home Address _____

City/State _____ Zip _____

Mail Address (if different for candidate mailing purposes) _____

Mail City/State _____ Mail Zip _____

Email _____

Note: email addresses will be published as public information

**Check Box if Preferred
Tel # for BOE Office**

Campaign/Public Phone _____ (cell home work) ☐

Phone Number 2 (alternate) _____ (cell home work) ☐

Phone Number 3 (alternate) _____ (cell home work) ☐

Do you have an open committee? Yes ____ No ____ First Time Filer? _____

Have you been convicted of a felony? Yes ____ No ____

Filing Information – For Office Use:

District or Municipality? _____ Party Affiliation? _____

Filing Fee Collected: ☐ Amount: \$ _____ Candidate ID: _____

Receipt # _____ Payment Type _____ Date Paid _____

***If filing fee is \$49.99 or less, we can accept cash or check. If filing fee is \$50.00 or over, payment must be made by check.**