STATE OF ALASKA LETTER OF INTENT WRITE-IN CANDIDATES FOR GOVERNOR AND LIEUTENANT GOVERNOR

Candidate for Governor - My Financial I	ents is:	□ Enclosed	nclosed			C*	
Candidate for Lt. Governor - My Financi	☐ Enclosed		☐ On file with APOC*				
*Note: When selecting "On file with APOC" contact Alaska Public Offices Commission to verify they have a <i>current</i> statement on file.							
GE	ENERAL INFOR	RMATION (Please print	or type)			
I,, declare myself to be a qualified voter as required by law, a resident of Alaska, and candidate for the office of GOVERNOR .							
I,, declare myself to be a qualified voter as required by law, a resident of Alaska, and candidate for the office of LIEUTENANT GOVERNOR .							
We are write-in Candidates for the November 4, 2014 General Election ballot. We are registered under and are							
candidates of the political party OR we are candidates of the							
political group OR we are not affiliated with a political party or group.							
RESIDENCY INFORMATION – CANDIDATE FOR GOVERNOR							
My current residence address is:				·	,		
(Str	eet name #, mile post	t or other physic	cal description)	(Cit	y) (S	State)	(Zip)
I have lived at this address since: I have been a resident of Alaska since:(MM/DD/YYYY)							
My mailing address is:	(Mailing Address)		,	(City)	,(State)		<u></u>
	(Mailing Address))		(City)	(State)	(Zip	ρ)
RESIDENCY INFO	ORMATION - C	CANDIDATI	E FOR LIEU	TENANT	GOVERNOR		
My current residence address is:							
(S	treet name #, mile pos	st or other phys	sical description)	_,(C	City)	(State)	(Zip)
I have lived at this address since:		I have h	peen a resider	nt of Alaska	a since:		
I have lived at this address since: I have been a resident of Alaska since:(MM/DD/YYYY) (MM/DD/YYYY)							
My mailing address is:	Mailing Address)			,(Ci	;,,	State)	
(n		A OT INFOR	MATION	(CI	ty) (s	state)	(Zip)
Ocata dia Nassa	CONTA	ACT INFOR			-		
Contact's Name: Contact's Phone Number:							
Mailing Address:			· · · · · · · · · · · · · · · · · · ·	,	,		
				(Cit	y) (S	State)	(Zip)
We are requesting voters to wri	te our names a	is follows:					
For Governor:							
(Last Name)	(First Na	me)	(MI)	(Nickname and	l/or Suffix	()
For Lieutenant Governor:		,					
(Last Name	,	,	Name)	(MI)	(Nickname and	d/or Suffix	x)
CERTIFICATION We, the undersigned, certify that the information in this <i>Letter of Intent</i> , Required by AS 15.25.105, is true and complete, and that we meet the specific residency and citizenship requirements of this office. We further certify that we shall be at least 30 years of age on the first Monday in December following the election. We are not candidates for any other office to be voted upon at the General Election in Alaska, nor are we candidates for this office under any other means of declaring candidacy.							
(Signature of candidate for Governor)	(Date)	(Home Phon	e) (Wo	rk Phone)	(SSN# , ADL#, Voter # or DOB)		
(Signature of candidate for Lieutenant Governo	or) (Date)	(Home Pho	ne) (W	ork Phone)	(SSN#, ADL#, Voter#, or DOB)		r#, or DOB)

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.