Date ____________________________

I, ____________________________________________________________, residing at the following address

<table>
<thead>
<tr>
<th>House #</th>
<th>Street</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

| Mailing address if different from home address |

hereby files as a Write In Candidate for the Office:

________________________________________________________ District # __________________________

________________________________________________________ Telephone number

Date of Birth______________

________________________________________________________ E-mail Address (Optional)

________________________________________________________ Web Page Address (Optional)

Form must be notarized if it is not completed in the office. Candidates for Statewide Offices are to file at the State Election Commissioner’s Office, and all other candidates should file at the respective Department of Elections Office for their county. Candidate Filing Forms are considered Public Information under the Freedom of Information Act.

For Office Use Only

Date Received__________________________

Received by ________________________________

Notary Information

Subscribed and sworn to before me on the following date:

________________________________________

Notary Public Signature

________________________________________

Date