

# HAZARDOUS ELECTIONS AUTHORIZATION FOR A CAMPAIGN MANAGER OR COMMITTEE

THIS FORM MUST CONTAIN ORIGINAL SIGNATURES IN INK AND BE COMPLETED IN FULL  
BEFORE IT WILL BE ACCEPTED BY THE BOARD

OFFICE RUNNING FOR: \_\_\_\_\_ ELECTION YEAR: \_\_\_\_\_

CANDIDATE'S FULL NAME: \_\_\_\_\_

CANDIDATE'S INFO: \_\_\_\_\_

(Address Number and Street)

(City, State, Zip)

(Telephone)

(Email)

CANDIDATE HEREBY SWEARS AND AFFIRMS THAT:

1. I am the candidate for the office as stated above;
2. All financial activity related to my campaign, including my own, will be disclosed by the following authorized individual or committee who I designate as my Campaign Manager;
3. The designation of a Campaign Manager does not relieve me of any personal responsibility under the Election Law, Election Policies and Procedures, or Constitution;
4. It is my duty as the candidate to ensure my Campaign Manager follows the same election laws, rules, and regulations that are applicable to me as a candidate;
5. I take full responsibility for any documentation and communication submitted to the Election Office or Election Board on my behalf by my designated Campaign Manager; and
6. This designation ends at the completion of all reporting requirements in the above election year, or until I expressly terminate the designation in writing to the Election Board, whichever occurs first in time.

Name of Authorized Campaign Manager: \_\_\_\_\_

Address of Campaign Manager: \_\_\_\_\_

Telephone and Email of Campaign Manager: \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public # \_\_\_\_\_

\_\_\_\_\_  
Signature of Candidate

My Commission Expires: \_\_\_\_\_