

APPLICATION FOR ELECTION
ST. JOHN'S HOSPITAL DISTRICT
BOARD OF DIRECTORS

I, the undersigned, swear or affirm that I was born on _____, _____; that I have been a resident of St. John's Hospital District since _____, residing at _____; that I am an elector of said district and I do hereby request that my name _____, be printed on the ballot of the General Election to be held on the 8th day of November, 2016, as a candidate for the office of Director for a term of four (4) years. I hereby declare that if I am elected, I will qualify for the office.

Date _____, _____.

Print or type your name exactly as you wish it to appear on the ballot. (W.S. 22-6-111 states that professional titles and degrees shall not appear on the ballot.)

Signature of Candidate

Gender: Male___ Female___

Residence Address

In order to meet federal requirements for audio Ballots and to accommodate individuals with disabilities, please print your name phonetically on the line above. (i.e., Peggy Nighswonger would be Peg-gee Nice-wong-ger).

Mailing Address

Email Address

Phone Number

Filing Dates: August 10th through August 29th, 2016
File with County Clerk
NO Receipts and Expenditure Filing Required