2010 Candidate Registration Form

STATEWIDE OFFICE: _____

Please fill out completely. Home phone numbers are for internal use only. Type or print.

Candidate Name _____

Elected Position/Present Occupation _____

Ballot Designation _____

Committee Name _____ Committee ID# _____

Campaign Physical Address _____

(Cross-streets: _____)

City _____ County _____ Zip _____

Other Counties in District _____

Candidate's Permanent Mailing Address _____

City _____ County _____ Zip _____

Campaign-Phone-Day (____)_____ Night (____)_____ Fax (____)_____

Home-Phone-Day (____)_____ Night (____)_____ Fax (____)_____

Mobile (____)_____ Pager (____)_____ Other internal (____)_____

E-mail _____@_____ Web-site _____

Campaign Manager _____

Home-Phone (____)_____ Home-Fax (____)_____ E-mail _____

Mobile (____)_____ Pager (____)_____ Other Internal (____)_____

Consultant _____

Address _____ City _____ Zip _____

Phone (____)_____ Fax (____)_____ E-mail _____

Mobile (____)_____ Pager (____)_____ Other Internal (____)_____

Press Secretary _____

Home-Phone (____)_____ Home-Fax (____)_____ E-mail _____

Mobile (____)_____ Pager (____)_____ Other Internal (____)_____

CANDIDATE'S INITIALS: _____ **Deadline to file: 5:00pm April 2nd**

2010 Candidate Registration Form – Page 2 of 2

Treasurer (or name of person filing campaign reports) _____

Campaign Report Filing Address (if different from Campaign Address) _____

_____

Phone (____)_____ Fax (____)_____ E-mail _____

Mobile (____)_____ Pager (____)_____ Other Internal (____)_____

Key Contact #1 _____

Title/Relation to Candidate _____

Home-Phone (____)_____ Home-Fax (____)_____ E-mail _____

Mobile (____)_____ Pager (____)_____ Other internal (____)_____

Key Contact #2 _____

Title/Relation to Candidate _____

Home-Phone (____)_____ Home-Fax (____)_____ E-mail _____

Mobile (____)_____ Pager (____)_____ Other internal (____)_____

By signing this form, I acknowledge that I am a registered Democrat seeking the endorsement of the California Democratic Party (CDP). I agree to abide by the CDP's By-Laws and I will seek to resolve any and all problems in accordance with the CDP By-Laws.

Signature: _____Date: _____

Please mail the completed form, along with a $100.00 non-refundable filing fee (payable to CDP), biography and photo to:

California Democratic Party
Attn: Chris Myers
1401 21st Street, Suite 200
Sacramento, CA 95811-5221
(916) 442-5707 / FAX (916) 442-5715

Deadline to file: 5:00pm April 2nd

Questions? Comments? Call our Sacramento office or e-mail Chris Myers: chris@cadem.org. Information can also be found on our web site www.cadem.org

For CDP office use:

☐ **$100 Rec'd** ☐ **Biography Rec'd** ☐ **Photo Rec'd**