**RECEIPT OF BALLOT ACCESS DOCUMENTS**

**DATE:** _________________________________

**TYPE OF ELECTION:** □ PRIMARY □ GENERAL □ SPECIAL **DATE OF ELECTION:** __________

**I. CANDIDATE INFORMATION:**

Candidate's Name: ________________________________

Candidate's Address: ________________________________

Office Sought: ____________________________________  

 *(Include Ward or Single-Member District, if applicable)*

Party (if applicable): ____________________________________

**II. CAMPAIGN INFORMATION:**

Campaign Committee (if known): ________________________________

Committee Address: ____________________________________

Contact Person: ____________________________________

Telephone No.: ____________________ Email Address: ____________________

**III. DOCUMENTS RECEIVED:** (check all that apply):

- □ Set of ________ Petition Pages
- □ Declaration of Candidacy
  - □ Completed? □ Yes (Date ________) □ No
- □ Circulating and Filing Nominating Petitions
- □ Non-Resident Petition Circulator Form
- □ Petition Circulation Training Schedule
- □ Statement of Candidate (Or Candidate’s Agent) Regarding Nominating Petition Circulation Guidelines
- □ Election Calendar
- □ Agent Affidavit: Authorization to Receive and File Ballot Access Documents and Materials
- □ List of Elected Offices in the District of Columbia (w/ signature requirements)
- □ Campaign Poster Regulations
- □ Slate Registration Form
- □ Signature Attestation Form
- □ Data Request Form
- □ Applicable Chapter(s) of Title 3 of D.C.M.R.:  
  - □ 9 (SPECIAL ELECTIONS)
  - □ 13 (ANC VACANCY)
  - □ 14 (PRESIDENTIAL PREFERENCE PRIMARY)
  - □ 15 (PRESIDENTIAL ELECTORS – GENERAL)
  - □ 16 (ALL D.C. GOVERNMENT OFFICES)
  - □ 17 (LOCAL/NATIONAL PARTY OFFICES)
- □ List of Registered Voters in ANC/SMD (ANC)
- □ ANC/SMD Map (ANC)
- □ Master Street Index (ANC)

**IV. CERTIFICATION:**

I, ________________________________, residing at ________________________________,

*(Recipient’s Name (Full Name))  
*(Recipient’s Address (with zip code))*

 certify that I have received the documents checked above in Section III from the Board. I further certify that I have read the petition pages issued for the candidate named above, and that, to the best of my knowledge, all of the information on the petition pages is true and correct.

______________________________  
*(Recipient’s Signature)*

______________________________  
*(Date)*

______________________________  
*(Recipient’s Telephone Number)*

**1015 Half St SE Suite 750 ● www.dcboe.org ● Telephone (202) 727-2525 ● TTY 711 ● Fax (202) 347-2648**

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