



DISTRICT OF COLUMBIA
BOARD OF ELECTIONS
 WASHINGTON, DC 20003-4733



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):

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Set of _____ Petition Pages <input type="checkbox"/> Declaration of Candidacy <ul style="list-style-type: none"> <input type="checkbox"/> Completed? <input type="checkbox"/> Yes (Date _____) <input type="checkbox"/> No <input type="checkbox"/> Circulating and Filing Nominating Petitions <input type="checkbox"/> Non-Resident Petition Circulator Form <input type="checkbox"/> Petition Circulation Training Schedule <input type="checkbox"/> Election Calendar <input type="checkbox"/> Agent Affidavit: Authorization to Receive and File Ballot Access Documents and Materials <input type="checkbox"/> List of Elected Offices in the District of Columbia (w/ signature requirements) <input type="checkbox"/> Campaign Poster Regulations <input type="checkbox"/> Slate Registration Form <input type="checkbox"/> Signature Attestation Form <input type="checkbox"/> Data Request Form | <ul style="list-style-type: none"> <input type="checkbox"/> Applicable Chapter(s) of Title 3 of D.C.M.R.: <ul style="list-style-type: none"> <input type="checkbox"/> 9 (SPECIAL ELECTIONS) <input type="checkbox"/> 13 (ANC VACANCY) <input type="checkbox"/> 14 (PRESIDENTIAL PREFERENCE PRIMARY) <input type="checkbox"/> 15 (PRESIDENTIAL ELECTORS – GENERAL) <input type="checkbox"/> 16 (ALL D.C. GOVERNMENT OFFICES) <input type="checkbox"/> 17 (LOCAL/NATIONAL PARTY OFFICES) <input type="checkbox"/> List of Registered Voters in ANC/SMD (ANC) <input type="checkbox"/> ANC/SMD Map (ANC) <input type="checkbox"/> Master Street Index (ANC) <input type="checkbox"/> Other _____ |
|---|---|

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
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