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

# AGENT AFFIDAVIT: AUTHORIZATION TO RECEIVE AND FILE BALLOT ACCESS DOCUMENTS AND MATERIALS

**DATE**: _____

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

## I. CANDIDATE INFORMATION:

**Name:** _____

**Address:** _____

**Phone:** _____ **Email:** _____

**Office Sought:** _____
**(*Include Ward or Single-Member District, if applicable*)**

## II. AFFIDAVIT

I, _____ do hereby attest that I authorize _____
(*Candidate's Name*) (*Agent's Name)*

to act on my behalf for the limited purpose of receiving and filing ballot access documents and materials, including, but not limited to, the nominating petition and the Declaration of Candidacy in connection with the election indicated above. Notwithstanding this authorization, I acknowledge that I am solely responsible for compliance with the Board's ballot access requirements and that it is my obligation to be aware of and understand the contents of any materials received or filed on my behalf.

| _____ | _____ | _____ |
|---|---|---|
| **Candidate's Signature** | **Date** | **Consent Expiration Date** |