



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: _____

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. They are permitted to receive from and file with the Board ballot access materials, including, but not limited to, the nominating petition and the Declaration of Candidacy in connection with the election indicated above.

Further, I give my consent for my agent to receive eSign equipment on my behalf. My signature below indicates that I acknowledge that I accept all financial responsibility if any eSign equipment on loan to my agent is not returned or is damaged upon return to the Board.

Candidate's Signature **Date** **Consent Expiration Date**