

CANDIDATE PUBLIC INFORMATION WORKSHEET

County of El Dorado PERMISSION TO POST PERSONAL INFORMATION ON ELECTION DEPARTMENT'S WEBSITE

(Government Code §6254.21)

PLEASE PRINT CLEARLY

Candidates Name (How you request to have it app	pear on Nomination	Documents)		
canadates name (non you request to have it app		200aments)		
Office Sought (Including district, division, or truste	ee area number if ap	plicable)		
PLEASE COMPLETE THIS FORM FULLY . Check man must release at least one address (with the except		·	-	ndidates
☐ I give permission to post inform	nation on the	website.		
☐ I do not give permission to pos	st information	on the website.		
(Permission to the El Dorado County Election www.edcgov.us/Elections for the Statewide D				at
Residence Street Address (required)	City		Zip	
Mailing Address		City	Zip	
Campaign Address		City	Zip	
Daytime Telephone Number	Evening	Telephone Number	Campaign Telephone Number	-
	_			
Fax Telephone Number		Cell Telephone N	umber	
	_			
Email Address		Website Address		
Candidates Signature			Date	