## Application for a Nomination Paper

State of Hawaii | 2020 Elections

Please print clearly in black ink.

The information contained on this form will be released to the public with the exception of HI Driver License or HI State ID Number, Social Security Number, Date of Birth, and Residence Address Number. If no Mailing Address is provided Residence Address will be released to the public.

1	Last Name		First Name			Middle or Initial(s)		Suffix (Jr., II)
2	Name Commonly Known As (if different from legal name)							
3	HI Driver License or HI State	ID Number	Last 4-Digits of Social Security Number			Date of Birth		
4	Residence Address				City	ty Zip Code		
	Mailing Address				City Zip Code			Code
	If your residence does not have a street address, describe the location (cross streets, landmarks).							
5	Phone Number Email		idress		Website			
6	Contact Person		Relation of Contact Person			Contact Person's Phone Number		
7	Felony Conviction  Yes No	I am a re	zen of the United States of America.			s No		
8	Office and District (Examples: State Representative District 1, OHA At-Large Trustee State of Hawaii, Hawaii Mayor County of Hawaii)							
	Political Party or Nonpartisan				Party Member  ☐ Yes ☐ No			
9	The information provided herein is true and correct and I hereby authorize the Chief Election Officer and/or the City/County Clerk to verify the above information.							
	Signature				Date			
Office Use Only	Issued By D	ate & Time	Location	CJIS Verified  Felony No Felony	Registration Cong. Ser	Nerified Pate House C	ouncil Pro	oofed in System
	Filed By D	ate & Time	Location	CSC Affidavit File	ed Filing	Fee Amount	Receipt	Number
	Ballot Name - maximum of 27 typed spaces; including all letters, spaces, and punctuation marks. May include a nickname or Hawaiian equivalent in parenthesis. Titles and slogans are not allowed. Use this format: LASTNAME, Firstname M.I., Jr. (Nickname)							
	Comments							