Candidate Statement of Qualifications (CSQ)

	(Elections Code Se	ections 13307-13311)		
Name:				
Office:				
Term o	fYears			By:
Electio	n Name: November 5, 2024 Genera	l Election		
• • • • The Electoring	candidates. shall not make reference to another must be able to produce a copy of a will be printed as you submit it. ctions Office will not correct errors to formatting rules to assure uniform	completed and cannot and education along vion, or membership candidate's qualificating endorsements usin spelling, punctuati	with a description of quali or activity in partisan po tions, character, or activit ed in the statement if req	fications. olitical organizations for nonpartisan ties.
Format	ting Rules: The candidate statement must be ty No bolding, underlining, or italics. Text typed in ALL CAPS is not allow No vertical or indented lists or table. No bullets ●, stars ★, or asterisks * The statement will be no more than	ved. s. Listed items must b	oe formatted as a sentend	ce.
	ed Costs to print Candidate State	ment of Qualification	ns:	
Placer English	•	Tagalog	Korean	Punjabi
\$	\$			\$
□Paid (Ck#□Paid Ck#	□Paid Ck#	□Paid Ck#	DPaid Ck#
	st of printing the candidate statemed e provided, any additional cost is the			tual cost of printing differs from the
	pay any additional cost incurred. I wish to have my statement translational and any additional cost incurred. I wish to have my statement translational and additional cost incurred. I wish to have my statement translational and any additional cost incurred. I wish to have my statement and	ated and printed in Ta ated and printed in K ated and printed in P ated and printed in P ated to the check held until the for the office above,	ngalog in addition to Engorean in addition to Engorean in addition to Engorean in addition to Engorean close of filing (including	lish with the understanding that I will extension period, if applicable). If I date statement not be published and
	Address:			
Signatı	ıre:		Date:	

RECEIVED IN COUNTY

Candidate Statement of Qualifications Form
Please provide one printed copy of your statement along with this form.
The hard copy printed on this form is the official copy.

Name:	Age:	
(Print name as you would like it to appear with your CSQ in the county voter information guide. Not required to match official ballo	<u>ot.)</u>	(Optional)
Occupation:		
(Optional. Can be more descriptive than what will appear on the official ballot.) Education and Qualifications: (Word count begins with your first word below.)		
I submit this Candidate Statement of Qualifications for inclusion in the county voter information guive registered voters of my district. I understand this statement will be printed as submitted and that char permitted after the statement has been filed. However, I do have the option of withdrawing the statement filing nomination papers and until 5 PM of the next working day after the close of the nomination formatting is at the discretion of the Placer County Elections Office to fit the county voter information constraints.	nges to co ent during t n period.	ntent are no he period fo I understand
Signature: Date:		
Office:		