

**STATE OF ALASKA LETTER OF INTENT  
WRITE-IN CANDIDATES FOR U.S. CONGRESS**

Please check: \_\_\_\_ I acknowledge that I am responsible for contacting the Federal Election Commission for federal reporting requirements: 999 E St., N.W., Washington, DC 20463

**GENERAL INFORMATION** (Please print or type)

I, \_\_\_\_\_, am a qualified voter as required by law, a resident of Alaska, and a candidate for the office of (check one):

\_\_\_\_ **UNITED STATES SENATOR**    **OR**    \_\_\_\_ **UNITED STATES REPRESENTATIVE**

I am a write-in candidate for the **November 2, 2010 General Election** ballot.

I am registered under and am a candidate of the \_\_\_\_\_ political party **OR**  
(Party Name)

I am a candidate of the \_\_\_\_\_ political group **OR** \_\_\_\_ (Please Check) I am not affiliated  
(Group Name) with a political group or party

**RESIDENCY INFORMATION**

My current Alaska residence address is: \_\_\_\_\_, AK \_\_\_\_\_  
(Use street #, mile post, or other physical location description) (City) (Zip)

I have lived at this address since \_\_\_\_\_, \_\_\_\_\_. I have been a resident of Alaska since \_\_\_\_\_, \_\_\_\_\_.  
(MM/DD) (YY) (MM/DD) (YY)

My mailing address: \_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

**I am requesting voters to write my name as follows:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last Name) (First Name) (MI) (Nickname and/or Suffix)

**CERTIFICATION**

I, the undersigned, certify that the information in this *Letter of Intent* is true and complete, and that I meet the specific residency and citizenship requirements of this office. I further certify that I shall meet the age requirements upon taking the oath of office, if elected. I am not a candidate for any other office to be voted upon at the General Election, nor am I a candidate for this office under any other *Declaration of Candidacy* or *Nominating Petition*.

\_\_\_\_\_  
(Candidate's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Work Phone)

To assist staff in verifying candidate / voter identification, please provide one of the following:  
SSN, ADL, Voter # or DOB: \_\_\_\_\_

**THE DIVISION OF ELECTIONS MUST RECEIVE THIS FORM NO LATER THAN THURSDAY, OCTOBER 28, 2010  
RETURN THIS FORM TO: DIVISION OF ELECTIONS, PO BOX 110017, JUNEAU, AK 99811-0017**

A33 (Rev. 1/21/09)