



STATEMENT OF CANDIDACY FORM

I am submitting my name for nomination to fill a Maui County Democratic Party Executive position. I understand that the Statement of Candidacy, a \$10 filing fee, and nomination papers signed by not less than ten (10) certified members of the Democratic Party of Hawai'i residing in the County or the island they will be representing by 5:00 p.m. HST on **Wednesday, March 22, 2017** to:

MauiCountyDemocrats@gmail.com (preferred)

If you must mail your forms, it must be received by Wednesday, March 22, 2017 and mailed to:

Maui County Democratic Party
P.O. Box 1182, Kula, Hawaii 96790

If you have any questions, please call Rules Chair Blossom Feiteira at (808) 446-5572

Full Name _____ Dist _____ Pct _____

Address _____

City _____ ZIP _____

Home Phone _____ Work Phone _____ Mobile Phone _____

E-mail _____

I am seeking the position of _____

I, _____, the candidate named above, do certify that I am a duly qualified registered member of the Democratic Party in good standing.

Candidate Signature _____ Date _____

Below For Office Use Only

Received _____
Date and Time _____ By _____



NOMINATION FOR AN EXECUTIVE POSITION

I understand that I am supporting _____ for the position of _____, which is an Executive position for the Democratic Party of Maui County. I further understand that I am a registered Democratic Party of Hawai'i member residing in Maui County at the time of election.

	Name	District/Precinct	Phone and E-mail
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**The following names will be verified as members of the Democratic Party of Hawai'i. All nominators must be duly registered members. The Maui County Committee may disqualify any person from running for any office if they do not meet these minimum requirements.
 **The Office of County Chair must be a party member one year from the date of the election and a resident of Maui County.
 ***If you would like to add more names, please attach.*