



STATEMENT OF CANDIDACY FORM

I am submitting my name for nomination as an applicant for filling the midterm vacancy for the House District 8 seat. I understand that the Statement of Candidacy Form, Application Credentials, and Nomination Form along with a resume must be completed emailed and postmarked by 3:30pm on Wednesday, April 11, 2018. Application Packets must be submitted via e-mail to:

County Chair Tim Lara at: **Chair@MauiDemocrats.org**

AND Original Signed Copies - Via: USPS

Chair Lara – Maui County Democrats

PO BOX 1182

Kula, Maui, HI 96790

If you do not receive a confirmation email for the receipt of your application, or for questions or more information call County Chair Tim Lara – (808) 283-2470

(You may also cc your applications to District Chair at: ckgusman@gmail.com)

Full Name _____ Dist _____ Prct _____

Address _____

City _____ ZIP _____

Home Phone _____ Work Phone _____ Mobile Phone _____

E-mail _____

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 _____

Application Credentials & Questions

1. How long have you lived in the District?
2. How long have you been a Democratic Party of Hawaii member?
3. In what capacity have you served as a Democratic Party of Hawaii Member?
4. What kinds of contributions or services have you made to the Democratic Party of Hawaii during your membership?
5. What Do you feel are the major challenges facing our State, and District 8?
6. Why do you feel you are the most qualified to be appointed to fill this vacancy?



House District 8 Selection Committee

NOMINATION FORM

Candidate Name: _____ Dist: _____ Pct: _____

Address: _____

Email: _____ Phone: _____

I, the undersigned registered member of House District 8 the DEMOCRATIC PARTY OF HAWAII, hereby nominate the aforementioned candidate to be voted at the selection committee meeting for the vacancy in State House District 8.

**A minimum of 5 Signatures are Required*

Printed Name	Signature	Address & Phone Number	DST/PCT	OFFICE CONFIRM
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I, the candidate named herein, do certify that I am a registered member of the Democratic Party of Hawai'i, will abide by its State and Local rules, will do my part in its activities, and pledge my support of its Platforms, its Programs, and its Candidates.

Candidates Signature

Date

DATE RECEIVED: _____	APPROVED & VERIFIED BY: _____
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