



California **Vote By Mail**

Your VOTER GUIDE to Candidates and Ballot Measures

Tel. (916) 485-5888 Fax (916) 485-5594

Candidate Information

First Name: _____	Last Name: _____	
Address: _____		
City: _____	State: _____	ZIP Code: _____
Phone: _____	Fax: _____	Cell Phone: _____
Seeking Office for: _____	District: _____	
County: _____	Political Party: _____	
Website: _____	Email Address: _____	
FPPC#: _____	Election Date: _____	

Consultant's Information

Consultants Name/ Company: _____		
Address: _____		
City: _____	State: _____	ZIP Code: _____
Phone: _____	Cell Phone: _____	Fax: _____
Website: _____	Email Address: _____	

I agree that public safety is a top priority for public service. As an elected official, I will uphold the laws and work with California Law Enforcement on issues of mutual concern. This pledge does not commit me to any issue positions, nor does it mean that the COPS VOTER GUIDE agrees with me by endorsing all of my issue positions.

I also understand that COPS VOTER GUIDE does not authorize me or my campaign to use the logos or the name of the COPS Voter Guide in any manner (including print, radio or television advertisements, or other campaign materials) unless expressly authorized by the COPS VOTER GUIDE.

Candidate Signature _____ Date _____

COPS Voter Guide/ California Vote by Mail
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Folsom, CA 95630
When Completed FAX to
Fax (916) 485-5594