

**CITY OF SACRAMENTO**  
**CANDIDATE'S STATEMENT**

(Statement must be filed with the Declaration of Candidacy)

**Instructions to Candidates:** Your statement may contain your name, age, occupation and a brief description of no more than **200 words** of your qualifications and education. Candidates are required to type their statements. Your statement will be printed exactly as submitted, and in the format prescribed by Elections Code §13307; therefore, all statements should be carefully checked for content, spelling, punctuation and grammar before submission. Statements that are not in compliance with the format as described in the Candidate's Instructional Manual will be reformatted and set in uniform type by the elections official. **Estimated cost** for printing and mailing the following statement is: \$\_\_\_\_\_.

As a candidate for \_\_\_\_\_ of the **City of Sacramento** at the **Primary Municipal** election to be held on \_\_\_\_\_, I submit the following information and statement of my qualifications:

PRINT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
(Optional)

OCCUPATION: \_\_\_\_\_

**REVIEW YOUR CANDIDATE STATEMENT CAREFULLY. ALL GRAMATICAL ERRORS ARE YOUR RESPONSIBILITY. YOUR STATEMENT WILL NOT BE PROOFED FOR PUNCTUATION OR SPELLING BY THE CITY CLERK'S OFFICE. ONCE FILED, YOUR STATEMENT CANNOT BE CHANGED OR CORRECTED.**

Type your statement on this form, or attach your typewritten statement to this form. Word count starts after "QUALIFICATIONS"

**Qualifications:**

- CHECK HERE IF THERE IS A SUPPLEMENTAL PAGE (S). All pages must be numbered (i.e., 1 of 2, 2 of 2). If additional pages are required, sign each page and attach to this form.
- I do not wish to file a Candidate's Statement.
- I have prepared the above statement (pursuant to Elections Code §13307) that is to be printed in the voter pamphlet and mailed to each registered voter who is eligible to vote for me. I understand that the amount written above is an **estimated cost**. I agree to pay any difference between the **estimated cost** and the **actual cost** within 30 days of receiving the bill.
- In the event there is no opposition for this contest, I wish to withdraw this statement.

Date: \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_  
(Signature should be identical to your name as printed above)