

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

## ***District Information –***

**District Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone number** \_\_\_\_\_ **email:** \_\_\_\_\_

**Secretary:** \_\_\_\_\_  
Print

**Signature:** \_\_\_\_\_  
Sign

**Phone:** \_\_\_\_\_

Candidates Statement of Qualifications to be paid by: Candidate or District (choose one)

## **INDEX of DIRECTORS:**

|                    |                                     |
|--------------------|-------------------------------------|
| <b>NAME:</b> _____ | <b>Current Term of Office:</b>      |
| Address: _____     | Started: _____ Ends: _____          |
|                    | m/d/y m/d/y                         |
| Phone/email: _____ | <b>Appointed</b> or <b>Elected</b>  |
|                    | If appointed, replaced (choose one) |

|                    |                                     |
|--------------------|-------------------------------------|
| <b>NAME:</b> _____ | <b>Current Term of Office:</b>      |
| Address: _____     | Started: _____ Ends: _____          |
|                    | m/d/y m/d/y                         |
| Phone/email: _____ | <b>Appointed</b> or <b>Elected</b>  |
|                    | If appointed, replaced (choose one) |

|                    |                                     |
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| Address: _____     | Started: _____ Ends: _____          |
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