

Candidate Name		File Stamp
Office		
Election Date	11/5/2024	

SAN BENITO COUNTY ACKNOWLEDGEMENT OF SUBMITTING CANDIDATE STATEMENT & COVER SHEET PREFERENCES

Candidate Name Preference: _____

Occupation Preference: _____

Age Preference (optional): _____

Submittal formats: Email statement in word and this form to sbcvote@sanbenitocountyca.gov.

Preferences Acknowledgment: I understand that my name, occupation, and age, as listed above, will appear with my statement in the voter information guide. I understand that if the contest does not go on the ballot, my statement will not be printed and fees will be reimbursed.

Submittal Acknowledgment: I understand that the San Benito County Elections Department staff will read, typeset, translate and confirm word count. All submittals are final.

Signature: _____ Date: _____
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Electronic copy of candidate statement (word format) must be emailed along with this signed form to sbcvote@sanbenitocountyca.gov no later than August 9, 2024 at 5pm.

Payment, hard copy of the candidate statement, and hard copy of this form must be transmitted by overnight mail within 72 hours of filing the statement electronically ([EC 13307.7](#)). Payment is to be made by check, payable to **SBC Elections**. Mail or deliver payment and forms to:

San Benito County Elections
1601 Lana Way
Hollister, CA 95023

For the cost of printing a candidate statement, please view our [Candidate Handbook](#), or call our office at (831) 636-4016.