Candidate Qualifying Checklist

Candidate's Name:	Derard Litrenta III	RECEIVED
Office Sought:	Copperatore CDD-Seat 4	2020 JUN -8 PH 2: 14
<u> </u>		SUPERVISOR OF ELECTION
Qualifying Fee (Unless	s qualifying by the petition method):	or crrottill
MH Check MH Check ☐ Amour ☐ Writter	payable to Supervisor of Elections drawn on campaign account (Unless Special Dist drawn on bank designated on Form DS-DE 9 at is not less than the qualifying feen and numerical numbers are both filled in and a is signed by treasurer or by deputy treasurer	
Appointment of Camp	oaign Treasurer (Form DSDE 9) (Do not file again	if previous filing is correct)
Party a Campa Candid Candid Candid Candid Campa	provided — must include name of office including affiliation provided, if applicable aign treasurer designated by depository designated alate original signature alate indicated date signed aign treasurer's acceptance of appointment compaign treasurer's signature provided aign treasurer indicated date signed	
Financial Disclosure F	iled (Form 6 or Form 1 whichever appropriate)	
Venue Date o	form late's signature provided provided (county where oath was taken) f notarization provided ally known or identification provided is indicate ns notary signature name stamped or printed below signature commission not expired when notarized	ed
Candidate Oath Filed (DS-DE 301	- Original SL, DS-DE 302NP, DS-DE 303JU, or DS-DE 304SB w	hichever appropriate)
Office County Under Candid Venue Date o Person Contai	Oath of Candidate, name as it is to appear on the provided (must include name of office including of legal residence Statement of Party, party affiliation provided (in late signature provided (county where oath was taken) of notarization hally known or identification is indicated as notary signature and seal (Notary commission name stamped or printed below signature	ng district, if applicable) f applicable)