Candidate Qualifying Checklist

Candidate's Name: _	Vohn Stevens	RECEIVE
Office Sought:	das Hammock Fire Sist-Sea	2020 JUN -8 PH 2
Office Bought.	dod Monthly and	SUPERVISOR OF ELEC
Qualifying Fee (Unless	qualifying by the petition method):	The state has been been been been been been been bee
Check de Check de Check de Check de Check de Check is	ayable to Supervisor of Elections rawn on campaign account (Unless Special Districts rawn on bank designated on Form DS-DE 9 is not less than the qualifying fee and numerical numbers are both filled in and are the s signed by treasurer or by deputy treasurer	e same
Appointment of Campa	ign Treasurer (Form DSDE 9) (Do not file again if pr	revious filing is correct)
Party af  Campai  Primary  Candida  Candida  Candida  Campai	rovided — must include name of office including distribilitation provided, if applicable gn treasurer designated depository designated ate original signature ate indicated date signed gn treasurer's acceptance of appointment complete gn treasurer's signature provided gn treasurer indicated date signed	rict, if applicable
Financial Disclosure Fi	led (Form 6 or Form 1 whichever appropriate)	
Venue y Date of Persona Contair Notary	rm  ate's signature provided  provided (county where oath was taken) notarization provided ally known or identification provided is indicated as notary signature name stamped or printed below signature commission not expired when notarized	
Candidate Oath Filed - (DS-DE 3019	Original SL, DS-DE 302NP, DS-DE 303JU, or DS-DE 304SB whiche	ever appropriate)
Office: County Candid Venue Date of Person	Oath of Candidate, name as it is to appear on the ball provided (must include name of office including of legal residence Statement of Party, party affiliation provided (if appeate signature provided (county where oath was taken) and shown or identification is indicated as notary signature and seal (Notary commission name stamped or printed below signature	listrict, if applicable) plicable)