Candidate Qualifying Checklist

Candidate's Name: Ryan H. Stulman	The state of the s
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Office Sought: Opporatione DD Sea 1)	Hadinalk John y John KVISOR OF FLECTION
Qualifying Fee (Unless qualifying by the petition method):	ASPERVISOR OF ELECTIONS
Check payable to Supervisor of Elections Check drawn on campaign account (Unless Special Districts collected Check drawn on bank designated on Form DS-DE 9 Amount is not less than the qualifying fee Written and numerical numbers are both filled in and are the same Check is signed by treasurer or by deputy treasurer	
Appointment of Campaign Treasurer (Form DSDE 9) (Do not file again if previous	filing is correct)
Office provided — must include name of office including district, if applicable Party affiliation provided, if applicable Campaign treasurer designated Candidate original signature Candidate indicated date signed Campaign treasurer's acceptance of appointment complete Campaign treasurer's signature provided Campaign treasurer indicated date signed	applicable ·
Financial Disclosure Filed (Form 6 or Form 1 whichever appropriate)	
Zo19 form Candidate's signature provided Venue provided (county where oath was taken) Date of notarization provided Personally known or identification provided is indicated Contains notary signature Notary name stamped or printed below signature Notary commission not expired when notarized	
Candidate Oath Filed - Original (DS-DE 301SL, DS-DE 302NP, DS-DE 303JU, or DS-DE 304SB whichever app	oropriate)
Under Oath of Candidate, name as it is to appear on the ballot pro Office provided (must include name of office including district County of legal residence Under Statement of Party, party affiliation provided (if applicable Candidate signature Venue provided (county where oath was taken) Date of notarization Personally known or identification is indicated Contains notary signature and seal (Notary commission not expirately name stamped or printed below signature	e)