

## AFFIDAVIT OF NOMINEE

State of California )  
County of \_\_\_\_\_ )

\_\_\_\_\_ (Print name of Nominee), being duly sworn, says that he/she is the above-named nominee for the office of DIRECTOR;

that (he/she) will accept the office in the event of (his/her) election;

that (he/she) desires (his/her) name to appear on the ballot as follows:

\_\_\_\_\_ (Print name); and

that (he/she) desires the following occupational designation, containing not more than three words, to appear on the ballot under (his/her) name, and that this designation is correct.

\_\_\_\_\_ (Print desired designation, if any)

(Signature of Nominee)

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_,

2025 by \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature: \_\_\_\_\_ (seal)

Notary public in and for the County of \_\_\_\_\_, State of California. My commission expires \_\_\_\_\_