CANDIDATE FILING FORM

Date ________________________________

I, ________________________________________, residing at the following address

Please print name as it is to appear on the ballot

<table>
<thead>
<tr>
<th>House #</th>
<th>Street</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

________________________________________________________________________________

Mailing address of different from home address

hereby file as a candidate of ____________________________ for the Office

Municipality

of ___________________________________________________________ Date of Birth ____________

________________________________________________________________________________

Sign your full legal name

Telephone number (optional)

________________________________________________________________________________

E-mail Address (Optional)

Web Page Address (Optional)

Form must be notarized if it is not completed in the office. Candidate Filing Forms are considered Public Information under the Freedom of Information Act.

For Office Use Only

Date Received ________________________________

Received by ____________________________________________

Notary Information

Subscribed and sworn to before me on the following date:

__________________________________________

Notary Public Signature

__________________________________________

Date