



DISTRICT OF COLUMBIA BOARD OF ELECTIONS  
 1015 Half Street, SE Suite 750  
 Washington, DC 20003  
 202-727-2525



**AGENT AFFIDAVIT  
 AUTHORIZATION TO RECEIVE AND FILE BALLOT ACCESS DOCUMENTS AND MATERIALS**

**DATE:** \_\_\_\_\_

**TYPE OF ELECTION:**  PRIMARY  GENERAL  SPECIAL **DATE OF ELECTION:** \_\_\_\_\_

**I. CANDIDATE INFORMATION:**

**Candidate's Name:** \_\_\_\_\_

**Candidate's Address:** \_\_\_\_\_

**Office Sought:** \_\_\_\_\_  
 (include Ward or Single-Member District, if applicable)

**II. AFFIDAVIT**

I, \_\_\_\_\_ do hereby attest that  
 (name of candidate)

\_\_\_\_\_ has the  
 (name of agent)

authorization and consent to receive from and file with the Board of Elections ballot access materials, including, but not limited to, the nominating petition, eSign equipment, and the Declaration of Candidacy on my behalf in connection with the election indicated above.

\_\_\_\_\_  
 (signature of candidate)