DISTRICT OF COLUMBIA
BOARD OF ELECTIONS
WASHINGTON, DC 20003-4733

RECEIPT OF BALLOT ACCESS DOCUMENTS

DATE: __________________________

TYPE OF ELECTION: □ PRIMARY □ GENERAL □ SPECIAL

DATE OF ELECTION: ____________

I. CANDIDATE INFORMATION:

Candidate's Name: ___________________________ Party (if applicable): ________________

Candidate's Address (with Zip Code): ____________________________________________

Office Sought: ____________________________________________

(Include Ward or Single-Member District, if applicable)

II. CAMPAIGN INFORMATION: Contact information provided here will be added to the publicly posted candidate list. If this section is left blank, the contact information for the public list will be pulled from the Candidate section above.

Campaign Committee (if known): ________________________________________________

Committee Address: ___________________________________________________________

Contact Person: ______________________________________________________________

Telephone No.: ____________________ Email Address: _____________________________

III. DOCUMENTS RECEIVED: Check all that apply.

□ Set of __________ Petition Pages

□ Declaration of Candidacy

Confirm Completed: Yes □

□ Circulating and Filing Nominating Petitions

□ Petition Circulation Training Schedule

□ List of Elected Offices in the District of Columbia

(w/ signature requirements)

□ Election Calendar

□ Non-Resident Petition Circulator Form

□ Signature Attestation Form

□ Agent Affidavit: Authorization to Receive and File Ballot Access Documents and Materials

□ Receipt for Completed Ballot Access Documents

□ Campaign Poster Regulations

□ Data Request Form

□ Candidate Ballot Access Process

□ Applicable Chapter(s) of Title 3 of D.C.M.R.:

□ 9 (SPECIAL ELECTIONS)

□ 13 (ANC VACANCY)

□ 14 (PRESIDENTIAL PREFERENCE PRIMARY)

□ 15 (PRESIDENTIAL ELECTORS – GENERAL)

□ 16 (ALL D.C. GOV. OFFICES)

□ 17 (LOCAL/NATIONAL PARTY OFFICES)

□ Statement of Slate Registration (Parties)

□ List of Registered Voters in ANC/SMD (ANC)

□ ANC/SMD Map (ANC)

□ ANC/SMD Street List (ANC)

□ Other: ____________________________

IV. CERTIFICATION:

I, ____________________________, residing at ____________________________,

Recipient's Full Name (Printed) Recipient's Address (with Zip Code)

 certify that I have received the documents checked above in Section III from the Board. I further certify that if picking up in person, I have read the petition pages issued for the candidate named above and that, to the best of my knowledge, all of the information on the petition pages is true and correct or if picking up online, I certify that I will review the petition pages when they are issued to me and notify the Board immediately of any errors prior to circulating the petition.

Recipient’s Signature Date Recipient’s Telephone Number

1015 Half St SE Suite 750 ● www.dcboe.org ● Telephone (202) 727-2525 ● TTY 711 ● Fax (202) 347-2648
Revised: 11/30/2023