



## Statement of Candidacy for the May 13, 2017 Veterans Affairs Officer Advisory Election

Candidate must present proof of being a resident of Pickens County and of being a Veteran with honorable separation (DD214 or Honorable Discharge papers). A check for the filing fee of **\$232.25** is also required.

\*\*ALL INFORMATION PROVIDED ON THIS FORM IS PUBLIC RECORD\*\*  
AND WILL BE AVAILABLE TO THE PUBLIC ON PICKENSELECTIONS.ORG.

CANDIDATE'S LEGAL NAME			
COMPLETE RESIDENCE ADDRESS	COMPLETE MAILING ADDRESS		
TELEPHONE NUMBERS	Home Phone	Cell Phone	Work Phone
EMAIL ADDRESS			
PROOF OF SERVICE PRESENTED (Attach DD214 or Honorable Discharge Papers)			
PROOF OF RESIDENCE PRESENTED			

**PLEASE PRINT YOUR NAME THE WAY YOU WISH IT TO APPEAR ON THE BALLOT:**

\_\_\_\_\_

My name on the ballot may **not** imply professional or social status, an office, or military rank. This name may be my given name, a derivative of my given name used in good faith for honest purpose or a nickname which bears no relation to my given name but which is used in good faith for honest purpose and does not exceed 15 letters on the ballot. My signature below attests to this.

I understand SC Act 489 of 1998 states that the Board of Voter Registration & Elections of Pickens County "shall conduct an advisory election among the veterans in Pickens County to nominate a candidate to the county legislative delegation for recommendation for appointment as Pickens County Veterans Affairs Officer. The county legislative delegation shall consider the person nominated in the advisory election and, prior to making its recommendation, may consider any otherwise qualified person." My signature below attests this.

I have never been convicted of, pled guilty, or nolo contendere to a felony or an offense against the S.C. election laws. If so, I have been pardoned under state or federal law or it has been 15 years or more after the completed service of the sentence, including probation and parole time. My signature below attests this.

I swear or affirm that I am a veteran of the United States Armed Forces and that I received an honorable discharge from service. My signature below attests this.

I swear or affirm that I am a resident of Pickens County, SC. My signature below attests this.

I hereby affirm that I meet, or will meet by the time of the advisory election, or as otherwise required by law, the qualifications to hold this office. My signature below attests this.

SIGNATURE OF CANDIDATE \_\_\_\_\_

**THIS SECTION BELOW TO BE COMPLETED BY RECEIVING AUTHORITY**

**CHECK AMOUNT:** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **DATE** \_\_\_\_\_ **TIME:** \_\_\_\_\_

SIGNATURE OF RECEIVING AUTHORITY \_\_\_\_\_