

INFORMATION SHEET FOR CANDIDATES

**I UNDERSTAND THAT THE INFORMATION LISTED BELOW
MAY BE GIVEN TO NEWS MEDIA !!!!**

NAME: Susan Talamantes Eggman

CANDIDATE FOR: Stockton City Council District 5
(Position applying for)

RESIDENCE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: P.O. Box ~~488~~ 4587

CITY: Stockton STATE: CA ZIP: 95204

WORK TEL: 209-937-0558 CELLULAR TEL: _____

HOME TEL: (OPTIONAL) _____ FAX: _____

EMAIL: susan@susaneggman.com

OCCUPATION: (If different from ballot designation listed below)
Professor

I WISH TO HAVE MY NAME APPEAR ON THE BALLOT AS FOLLOWS:
Susan Talamantes Eggman
(please print)

I HEREBY REQUEST THE FOLLOWING BALLOT DESIGNATION TO APPEAR
UNDER MY NAME UPON THE BALLOT: (No more than three (3) words designating
the current principal profession, vocation or occupation)

(please print)

DATED _____
Signature of Candidate

