

**DECLARATION OF CANDIDACY CORDOVA COMMUNITY  
MEDICAL CENTER AUTHORITY BOARD OF DIRECTORS  
CORDOVA, ALASKA  
GENERAL ELECTION MARCH 3, 2020**

I, \_\_\_\_\_, declare that I meet the specific requirements to serve as a member of the Cordova Community Medical Center Authority Board of Directors. I declare myself a candidate for a Board member position, for a term of three years and request that my name be printed as follows upon the official ballot for the City election to be held in the City of Cordova, Alaska on the 3<sup>rd</sup> day of March 2020.

I, \_\_\_\_\_, also declare that I qualify for the office for which I declare myself a candidate under any and all applicable ordinances in effect on the date this form is executed.

\_\_\_\_\_  
Name of Candidate

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
email address

\_\_\_\_\_  
Signature of Candidate

Subscribed and sworn to, before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public for the State of Alaska

My commission expires: \_\_\_\_\_