CANDIDATES ROSTER

This form is sent by the Election Official to the South Carolina State Ethics Commission.

RETURN TO: **SC State Ethics Commission**
5000 Thurmond Mall, Suite 250
Columbia, SC 29201
Fax: (803) 253-7539
E-mail: Karen@ethics.sc.gov

(Name of Agency Accepting Filings)

(Election Official)

(Type of Election-City, County, School Bd., Public Service Dist., Conservation Dist.)

(Title)

(Mailing Address)

(Telephone)

(E-Mail Address

(City, State, ZIP)

IS THERE A FILING FEE? ___YES ____NO

Amount: $_____ Office: _____

Amount: $_____ Office: _____

The following candidates have filed a ***(please check √ one)*** Statement of Intention of Candidacy _____/ Pledge_____/ Petition_____ to appear on the election ballot for the ***(please check √ one)*** ____ **Primary** ____ **General** ____ **Special** election to be held on _____ ***(date of election).***

CANDIDATE'S FULL NAME	POSITION SOUGHT	For office use only
		(9/2013)