

Application for Election St. John's Hospital District Board of Directors

I, the undersigned, swear or affirm that I was born on _____; that I have been a resident of St. John's Hospital District since _____, residing at _____; that I am an elector of said district and I do hereby request that my name _____, be printed on the ballot of the General Election to be held on the 3rd day of November, 2026 as a candidate for the office of Director for a term of four (4) years. I hereby declare that if I am elected, I will qualify for the office.

Date _____ Signature of Candidate: _____

Residence Address: _____

Mailing Address (if different than residential): _____

Email Address: _____

Phone Number: _____

Gender: Male ____ Female ____

Print your name exactly as you would like it to appear on the ballot:

*W.S. 22-6-111 states that professional titles and degrees shall not appear on the ballot

In order to meet federal requirements for audio ballots and to accommodate individuals with disabilities, please print your name phonetically:

*Ex. Peggy Nighswonger would be Peg-gee Nice-wong-ger

File with County Clerk

NO Contributions and Expenditures Filing Required