



ELECTIONS

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CAMPAIGN CONTACT FORM

To be submitted at Candidate Filing

Date: _____

Please do not release my contact information to the press (check box).



CANDIDATE NAME

First: _____

Last: _____



ELECTION CONTEST

Running for: _____



MAILING ADDRESS

Number and Street: _____

City and Zip: _____



EMAIL

CAMPAIGN WEBSITE



TELEPHONE

Office: _____

Cell: _____

ADDITIONAL INFORMATION

Please fill out this form and return when you file your nomination papers or email the form to colleen.gleason@cookcountyil.gov.

Do NOT bind with the nomination papers.