

University Area Commission Official Petition

District ____: One ____-Year Term, ending 20__

Candidate Name: (Please Print)

Address:

Phone:

I hereby agree to observe the Election Rules and By-Laws of the University Area Commission.

Candidate Signature:

| Date | Name (Print) | Address | Signature | Phone # |
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OFFICIAL

| Date | Name (Print) | Address | Signature | Phone # |
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30 Valid Signatures must be obtained - Random Checks will be made

A F F I D A V I T

_____, hereafter known as the Candidate states that the candidate is the circulator of the petition and that the Candidate is a legal resident of the District in which the Candidate is seeking election and is qualified to vote for him or herself. The candidate did witness each and every signature appearing thereon.

Candidate Signature: _____

Subscribed and duly sworn before me according to law, by the above named Candidate the _____ day of _____ 2016 at _____, County of _____ and State of Ohio.

Notary: _____

University Area Commission - Candidate's Biographical Sketch

This information will be made available on the UAC website (<http://www.universityarea.org/>) and at the polling places on Election Day. You may use the back of this form and/or attach a separate sheet.

Candidate Name: (Please Print)

Address:

District: _____

Length of time living in the University Area: _____

Number of Years as a Resident or years involved with the neighborhood:

Occupation:

Commissioner Statement – Please state in 200 words or less, what particular experience and qualifications you can offer the University Area Commission. Please write information about your issues, concerns, goals for neighborhood, personal information, etc. This section will be limited to 200 words.

UAC Committees/Positions –If a current or past commissioner, please list the committees that you serve on and any positions you hold or have held in the past with UAC.

Community Involvement/Education/Occupation – Provide a list of community activities, positions in other groups, educational background, etc.

I authorize the University Area Commission to post this biographical sketch on their website, located at <http://www.universityarea.org>.

Candidate Signature: _____

The City of Columbus is in the process of updating its information on the «Organization» to reflect its most recent election. Please complete the following information to the best of your ability. **Updated database information will be forwarded to the Mayor's Office to ensure the appointment/reappointment of elected and re-elected members and will ensure timely and accurate distribution of funding opportunities, meeting notices, training opportunities, and other City activities. After completing this form, please return to Neighborhood Database Coordinator, City of Columbus, 50 W. Gay St., 2nd Floor, Columbus, OH, 43215. Please contact your Neighborhood Liaison with any questions or comments.**

| FIELD | CURRENT INFORMATION | NEW INFORMATION |
|---------------------------------------|--|--|
| Step #4 legistar Area Commissioner | Appointment of _____, _____, Columbus, Ohio 432_____ to serve on the _____ Area Commission with a term expiration date of _____. | (1) Please print new information clearly, OR (2) Place a "check" in these boxes if member is re-elected and information is unchanged (3) Do not forget to update "Term Expiration" for re-elected members |
| First Name | | |
| Last Name | | |
| Title | Area Commissioner | |
| Address | | |
| City | Columbus | |
| State | Ohio | |
| Zip Code | 432_____ | |
| Home Telephone | (614) _____ - _____ | |
| Work Telephone | | |
| Fax Number | | |
| Email Address | | |
| District/Designation | | |
| Term Start Date | / / | |
| Term Expiration | / / | |

Chairman of Commission's Signature _____

AREA COMMISSIONER PROFILE

The City of Columbus is in the process of updating its information on the University Area Commission to reflect its most recent election. Please complete the following information to the best of your ability. Updated database information will be forwarded to the Mayor's Office to ensure the appointment/reappointment of elected and re-elected members and will ensure timely and accurate distribution of funding opportunities, meeting notices, training opportunities, and other City activities. After completing this form, please return to Neighborhood Database Coordinator, City of Columbus, 50 W. Gay St., 2nd Floor, Columbus, OH, 43215. Please contact your Neighborhood Liaison with any questions or comments.

Name _____

Address _____

Home Phone _____

Work Phone Number _____

Email Address _____

Please provide a brief description of your background including the following:

How long have you lived in Columbus _____

Where do you currently work, or if retired, where have you worked in the past?

Describe your community involvements in the past

List your current affiliations

This information will be kept on file in the Mayor's Office