



# Yolo County Elections

## Candidate Preliminary Information Form

(Please Print Legibly)

Office Applying for: City Council

Division/Area/District: City of Winters Party: \_\_\_\_\_  
(If Applicable) (If Applicable)

Name: Carol Madonia-Scianna

Residence Address: 310 Second St

City: Winters Zip: 95694

Primary Telephone: 530-681-2881  Home  Business/Work  Cell

Secondary Telephone: \_\_\_\_\_  Home  Business/Work  Cell

Email Address: cosmoz2795@gmail.com

Name of Authorized Contact Person: \_\_\_\_\_  
(Other Than Candidate)

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

I understand, as a candidate for public office, my voter registration information is public record. Therefore, the Registrar of Voters office has informed me that my residential address will be distributed upon request to the public on a candidate listing provided by the registrar of voters office unless I provide another address (business or mailing) to be used in its place.

The filing fees for all candidates shall be paid at the time the candidates obtain their nomination forms or file their required declaration of intention (if applicable) from the county elections official. All filing fees received by the Secretary of State and county elections officials are nonrefundable. § 8105

SIGNATURE: Carol Scianna DATE: 7/21/22

### OFFICE USE ONLY

<b>Registration Verification:</b>		<b>** Print DFM EIMS Screens **</b>
Precinct #:	Affidavit #:	Registration Date:

### All County, School District, & Judicial Offices: Completed Declaration of Qualifications

<b>Nomination Packet:</b>		
<input type="checkbox"/> Signatures-In-Lieu	Issued By:	Date Issued:
<input type="checkbox"/> Nomination		