



Yolo County Elections

Candidate Preliminary Information Form

(Please Print Legibly)

Office Applying for: City Council

Division/Area/District: _____ Party: _____
(If Applicable) (If Applicable)

Name: Michael S. OLIVAS

Residence Address: 706 Foxglove Cir

City: Winters Zip: 95694

Primary Telephone: (530) 400-6092 Home Business/Work Cell

Secondary Telephone: _____ Home Business/Work Cell

Email Address: 56mikeolivas@gmail.com

Name of Authorized Contact Person: Michael OLIVAS
(Other Than Candidate)

Contact Phone: (530) 400-6092 Contact Email: 56mikeolivas@gmail.com

Signature of Authorized Representative: [Signature]

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: [Signature] DATE: 7/25/2022

OFFICE USE ONLY

Registration Verification:		** Print DFM EIMS Screens **
Precinct #:	Affidavit #:	Registration Date:

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

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