



2012 Candidate Registration Form

OFFICE: (AD, SD, CD): CD-10

Please fill out completely. The campaign address (street address/city/county/zip), social media aliases, website, and campaign phone may be posted on the CDP Website. All other information is for internal use only and will not be shared publicly.

Candidate Name Michael J. Barkley

Elected Position/Present Occupation Retired

Ballot Designation Lawyer/CPA/Programmer

Committee Name Mike Barkley for Congress Committee Committee ID# C00495507

Public Campaign Physical Address 167 N. Sheridan Ave.
(Cross-streets: E. Yosemite Ave., Pine St.)

City Manteca County San Joaquin Zip 95336

Other Counties in District Stanislaus

Candidate's Permanent Mailing Address 167 N. Sheridan Ave.
City Manteca County San Joaquin Zip 95336

Campaign-Phone-Day (209) 823-4817 Night (209) 823-4817 Fax () none

Home-Phone-Day (209) 823-4817 Night (209) 823-4817 Fax () none

Mobile (209) 823-4817 Social Media (twitter/facebook/ etc.) @mjbarkl / facebook.com/mjbarkl

E-mail mjbarkl@inreach.com Web-site http://www.mjbarkl.com/run.htm

Campaign Manager none

Home-Phone () Home-Fax () E-mail

Mobile () Pager () Other Internal ()

Consultant none

Address City Zip

Phone () Fax () E-mail

Mobile () Pager () Other Internal ()

Press Secretary none

Home-Phone () Home-Fax () E-mail

Mobile () Pager () Other Internal ()

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Treasurer (or name of person filing campaign reports) _Michael J. Barkley_____

Campaign Report Filing Address (if different from Campaign Address) _____

Phone (____) _____ Fax (____) _____ E-mail _____

Mobile (____) _____ Pager (____) _____ Other Internal (____) _____

Key Contact #1 __Mike Barkley_____

Title/Relation to Candidate __Candidate_____

Home-Phone (____) _____ Home-Fax (____) _____ E-mail _____

Mobile (____) _____ Pager (____) _____ Other internal (____) _____

Key Contact #2 _____

Title/Relation to Candidate _____

Home-Phone (____) _____ Home-Fax (____) _____ E-mail _____

Mobile (____) _____ Pager (____) _____ Other internal (____) _____

By signing this form, ~~I acknowledge that I am a registered Democrat seeking the endorsement of the California Democratic Party (CDP). I agree to abide by the CDP's By Laws and I will seek to resolve any and all problems in accordance with the CDP By Laws.~~ I am seeking this partisan office with the Democratic Party as my party preference.

Signature: _____ **Date:** _____

Please mail the completed form, along with the non-refundable filing fee (payable to CDP), biography and photo to:

California Democratic Party
Attn: Dennis Raj
1401 21st Street, Suite 200
Sacramento, CA 95811-5221
(916) 442-5707 / FAX (916) 442-5715

Deadline to file in Sacramento Office:
5:00pm January 13th. You can also file
at the endorsement conference before
the voting for that specific office takes
place.

Questions? Comments? Call our Sacramento office or e-mail Dennis Raj: dennis@cadem.org. Information can also be found on our web site www.cadem.org. The Platform is available at www.cadem.org/platform.

For CDP office use:

Fee Rec'd

Biography Rec'd

Photo Rec'd

Schedule of Fees:

Assembly - \$250

Congress - \$350

St Senate - \$500

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