

**BONDING FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

BONDING COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

This is to certify that \_\_\_\_\_ can be bonded for  
\$300,000.00.

\_\_\_\_\_  
Bonding Company Agent Signature

\_\_\_\_\_  
Date

**Note:** This form must be attached to the State Officer Nomination Form submitted by candidates for Treasurer.