

**GUBERNATORIAL PUBLIC FUNDING**  
**IMMEDIATE FAMILY LIST**

**Important:** This form is required before Public Funds can be disbursed. Please list the names of the candidates listed below as well as their family members. NOTE: Where not applicable, please indicate with N/A.

**Gubernatorial Candidate**

Spouse

Parent(s)

Brother(s)

Sister(s)

Son(s)

Daughter(s)

**Lieutenant Governor Candidate**

Spouse

Parent(s)

Brother(s)

Sister(s)

Son(s)

Daughter(s)