Campaign Staff List

University of South Florida Student Government

Name of Candidate/Ticket: _____

College: _____

Position: _____

Staff List

By signing below, I hereby affirm that the information provided below is accurate to the best of my knowledge.

Name	Net I.D.	Position	Signature

(*If additional pages are necessary you may reprint packet, fill it out completely and staple the multiple packets together)*

Ticket/Candidate Signature: _____

(Candidate or Campaign Manager only)

Time: _____ Date: ____/_____/_____