Reset Form

PRECINCT DELEGATE
AFFIDAVIT OF IDENTITY AND RECEIPT OF FILING

PLEASE COMPLETE SECTIONS I, II AND III BELOW (PRINT OR TYPE) – See Reverse Side for Important Notifications

OFFICE USE ONLY

Received by _____ Date of Filing _____

☐ County ☐ City ☐ Township of _____

I. CANDIDATE IDENTIFICATION/APPEARANCE OF NAME ON BALLOT

Name _____ Birth date ____/____/____
(Last) (First) (Middle) (Month) (Day) (Year)

Have you changed your name within the last 10 years for reasons other than marriage? ☐ Yes ☐ No

If yes, enter full former name here (See "Section A" on reverse) _____

I WISH TO HAVE MY NAME APPEAR ON THE BALLOT AS PRINTED BELOW (Nicknames/titles not permitted. See "Section B" on reverse.)

Residence Address _____

Mailing Address (See "Section C" on reverse) _____

Phone (_____) _____ Email _____

County of _____. Resident of County for _____ years. Resident of Michigan for _____ years.

I am a citizen of the United States: ☐ Yes ☐ No (You must be a United States citizen to seek a precinct delegate position.)

II. POSITION DESIGNATION

I wish to appear on the primary ballot as a precinct delegate candidate as indicated below:

☐ City ☐ Township of _____ Precinct # _____ Ward # (if any) _____

Political Party _____ Date of Primary _____

I am registered and qualified to vote in the precinct identified above: ☐ Yes ☐ No
(You must be registered to vote and reside within the precinct you wish to represent as a precinct delegate.)

III. FILER'S ACKNOWLEDGMENT

By signing this affidavit, I swear that the statements made above are true. I further acknowledge that making a false statement in this affidavit is perjury, punishable by a fine of up to $1,000.00 or imprisonment for up to 5 years, or both.

SIGNATURE OF CANDIDATE _____

Subscribed and sworn to by _____

before me on the _____ day of _____, _____

_____
Signature of notary public

Name of Notary _____

Notary Public, State of Michigan, County of _____

My commission expires _____

Acting in the County of _____

(8/2005)