10684

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 _____

I. CANDIDATE IDENTIFICATION

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 (Please print upper & lower case - nicknames/titles not permitted. See "Sec. B" on reverse.)

Residence Address (Street Address, City, Zip Code):

_____
(Street Address)

_____ _____
(City) (Zip)

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

_____
(Street Address)

_____ _____
(City) (Zip)

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 office.)

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 at the address listed 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 before me on the _____ (Day) Name of Notary _____

of _____ (Month) _____ (Year) Notary Public, State of Michigan, County of _____

My commission expires _____

Acting in the County of _____

_____
Signature of notary public