

**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.)

[illegible]

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

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

(Street Address)

(Street Address)

(City)

(Zip)

(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
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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 _____ Name of Notary

(Day)

of,

(Month)

(Year)

_____, Notary Public, State of Michigan, County of _____

My commission expires

Acting in the County of

Signature of notary public