

WRITE-IN CANDIDATE DECLARATION OF INTENT

(NAME OF CITY, TOWNSHIP, VILLAGE OR SCHOOL DISTRICT)

As a write-in candidate for public office, you must file this form no later than 4:00 p.m. on the second Friday immediately preceding the election. You may have additional filing obligations under Michigan's Campaign Finance Act (P.A. 388 of 1976). Ask your filing official for further information.

As a write-in candidate for a precinct delegate position, you must file this form with the clerk of your city or township of residence no later than 4:00 p.m. on the first Friday immediately preceding the August primary. As an alternative, you may file this form with your board of election inspectors on the day of the August primary any time prior to the close of the polls.

Name _____
(Print or Type)

Residence Address _____
(Street Address) _____ (Post Office) _____ (Zip Code) _____

City or Township of _____

I am registered and qualified to vote at this address: Yes No Birth Date _____ / _____ / _____

Home Phone (_____) _____ Business Phone (_____) _____

DATE OF ELECTION: Primary _____ / _____ / _____ General _____ / _____ / _____

OFFICE SOUGHT: _____

District No. (if any) _____ Precinct No. (if Precinct Delegate Candidate) _____

Partisan Office -- Party* _____ Nonpartisan Office _____

(*NOTE: Required for partisan primary election only)

TERM: Regular To Fill Vacancy - Term Ending _____ Other _____

JUDICIAL CANDIDATES ONLY:

Incumbent Position - Place a check in this box if you are running for a judicial office for which the incumbent is seeking reelection.

Non-Incumbent Position - Place a check in this box if you are running for a judicial office for which the incumbent is not seeking reelection.

New Judgeship - Place a check in this box if you are running for a newly created judicial seat.

By signing this affidavit, I swear the statements made above are true and do hereby declare my intent to seek the above elective office as a write-in candidate.

SIGNATURE OF WRITE-IN CANDIDATE: _____

Subscribed and sworn to by _____ Name of Notary: _____

before me on the _____ day of _____, _____ Notary Public, State of Michigan, County of _____

My commission expires _____

Acting in the County of _____

Signature of notary public _____

OFFICE USE ONLY

OFFICE CODE _____ DATE OF FILING _____ / _____ / _____

CFR I.D. _____ RECEIVED BY _____