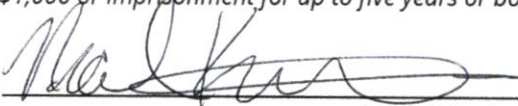


Precinct Delegate Affidavit of Identity and Receipt of Filing

CLEAR FORM

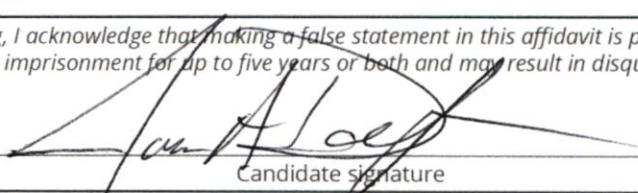
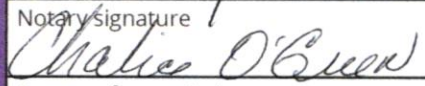
SECTION 1 Candidate information	First name	Middle name	Last name
	Nicole	Noel	Kwiatkowski
	Year of birth	<input type="checkbox"/> My name has formally changed in the last 10 years for a reason other than marriage or divorce. My former name is _____	
	1989		
	Residential address	City	ZIP
	304 E Walnut St.	Carson City	48811
	Mailing address, if different than above	City	ZIP
	PO Box 221	Carson City	48811
	Phone number	Email	Campaign website, if applicable
	989-506-3725	nikki.kwiatkowski@johnso.com	

SECTION 2 Office & ballot information	Office name	Jurisdiction	Precinct number
	Precinct Delegate	Carson City	
	<input checked="" type="checkbox"/> I am running for a partisan office, and my political party is: Democrat		
	<input checked="" type="checkbox"/> Primary election 8/6/24 DATE (MM/DD/YYYY)		
Indicate exactly how you want your name to be printed on the ballot (use upper and lowercase letters)			
Nikki Kwiatkowski			

SECTION 3 Certification & acknowledgment	<input checked="" type="checkbox"/> I certify that I am a United States citizen and I meet the statutory and constitutional requirements for the office sought.	
	By signing, I acknowledge that making a false statement in this affidavit is perjury - a felony punishable by a fine up to \$1,000 or imprisonment for up to five years or both and may result in disqualification from the ballot.	
		
	Candidate signature	
	Date 5-7-24	
	Date	
	Notary signature	Notary name
	Cammy Gorby	Cammy Gorby
	County of commission	Acting in the County of
	Montcalm	Montcalm
	My commission expires DATE (MM/DD/YYYY)	Date of notarization DATE (MM/DD/YYYY)
	2-2-2029	5-7-2024

Office use only	Date of filing	Received by
	5-7-2024	Cammy Gorby
	Reviewed by	

Precinct Delegate Affidavit of Identity and Receipt of Filing

SECTION 1 Candidate information	First name	Middle name	Last name
	Jason	Allen	Dillingham
	Year of birth 1969	<input type="checkbox"/> My name has formally changed in the last 10 years for a reason other than marriage or divorce. My former name is _____	
	Residential address 111 North Irving St	City Greenville	ZIP 48838
	Mailing address, if different than above	City	ZIP
Phone number 616-901-4435	Email pastor.dillingham@gmail.com	Campaign website, if applicable	
SECTION 2 Office & ballot information	Office name Precinct Delegate	Jurisdiction Greenville	Precinct number 2
	<input checked="" type="checkbox"/> I am running for a partisan office, and my political party is: <u>Democrat</u>		
	<input checked="" type="checkbox"/> Primary election <u>08/06/2-024</u> DATE (MM/DD/YYYY)		
	Indicate exactly how you want your name to be printed on the ballot (use upper and lowercase letters) <u>Rev. Jason Dillingham</u>		
SECTION 3 Certification & acknowledgment	<input checked="" type="checkbox"/> I certify that I am a United States citizen and I meet the statutory and constitutional requirements for the office sought.		
	By signing, I acknowledge that making a false statement in this affidavit is perjury - a felony punishable by a fine up to \$1,000 or imprisonment for up to five years or both and may result in disqualification from the ballot.		
	 Candidate signature		04/05/2024 Date
	Notary signature 	Notary name <u>Chalice O'Green</u>	
	County of commission <u>Shiawassee</u>	Acting in the County of <u>Montcalm</u>	
My commission expires DATE (MM/DD/YYYY) <u>Jan 30, 2026</u>	Date of notarization DATE (MM/DD/YYYY) <u>4-5-2024</u>		
Office use only	Date of filing <u>4-5-2024</u>	Received by <u>Chalice O'Green</u>	
	Reviewed by		

Precinct Delegate Affidavit of Identity and Receipt of Filing

SECTION 1 Candidate information	First name Megan	Middle name Melanie	Last name Dillingham
	Year of birth 1974	<input type="checkbox"/> My name has formally changed in the last 10 years for a reason other than marriage or divorce. My former name is _____	
	Residential address 111 North Irving St		City Greenville ZIP 48838
	Mailing address, if different than above		City ZIP
	Phone number 616-788-3244	Email dillingham.megan@gmail.com	Campaign website, if applicable

SECTION 2 Office & ballot information	Office name Precinct Delegate	Jurisdiction Greenville	Precinct number 2
	<input checked="" type="checkbox"/> I am running for a partisan office, and my political party is: <u>Democrat</u>		
	<input checked="" type="checkbox"/> Primary election <u>08/06/2-024</u> <small>DATE (MM/DD/YYYY)</small>		
Indicate exactly how you want your name to be printed on the ballot (use upper and lowercase letters) <u>Megan Dillingham</u>			

SECTION 3 Certification & acknowledgment	<input checked="" type="checkbox"/> I certify that I am a United States citizen and I meet the statutory and constitutional requirements for the office sought.		
	By signing, I acknowledge that making a false statement in this affidavit is perjury – a felony punishable by a fine up to \$1,000 or imprisonment for up to five years or both and may result in disqualification from the ballot.		
	<u>Megan Dillingham</u> <small>Candidate signature</small>		<u>04/05/2024</u> <small>Date</small>
	Notary signature <u>Chalice O'Green</u>	Notary name <u>Chalice O'Green</u>	
	County of commission <u>Shawnee</u>	Acting in the County of <u>Montcalm</u>	
My commission expires <small>DATE (MM/DD/YYYY)</small> <u>01-30-2026</u>		Date of notarization <small>DATE (MM/DD/YYYY)</small> <u>4-5-2024</u>	

Office use only	Date of filing <u>4-5-2024</u>	Received by <u>Chalice O'Green</u>
	Reviewed by	

Precinct Delegate Affidavit of Identity and Receipt of Filing

SECTION 1 Candidate information	First name	Middle name	Last name
	Shannan	Mey	Kane
	Year of birth	<input type="checkbox"/> My name has formally changed in the last 10 years for a reason other than marriage or divorce. My former name is _____	
	1981		
	Residential address	City	ZIP
	509 E. Klees Rd.	Stanton	48888
	Mailing address, if different than above	City	ZIP
	N/A		
	Phone number	Email	Campaign website, if applicable
	517-214-5242	shannankane@gmail.com	

SECTION 2 Office & ballot information	Office name	Jurisdiction	Precinct number
	Precinct Delegate	Day Twp.	1
	<input checked="" type="checkbox"/> I am running for a partisan office, and my political party is: <u>Democrat</u>		
	<input checked="" type="checkbox"/> Primary election <u>8/6/24</u> DATE (MM/DD/YYYY)		
Indicate exactly how you want your name to be printed on the ballot (use upper and lowercase letters)			
<u>Shannan Kane</u>			

SECTION 3 Certification & acknowledgment	<input checked="" type="checkbox"/> I certify that I am a United States citizen and I meet the statutory and constitutional requirements for the office sought.	
	By signing, I acknowledge that making a false statement in this affidavit is perjury - a felony punishable by a fine up to \$1,000 or imprisonment for up to five years or both and may result in disqualification from the ballot.	
	<u>Shannan Kane</u>	<u>3-19-2024</u>
	Candidate signature	Date
	Notary signature	Notary name
	<u>Cammy Gorby</u>	<u>Cammy Gorby</u>
County of commission	Acting in the County of	
<u>Montcalm</u>	<u>Montcalm</u>	
My commission expires DATE (MM/DD/YYYY)	Date of notarization DATE (MM/DD/YYYY)	
<u>2-2-2029</u>	<u>3-19-2024</u>	

Office use only	Date of filing	Received by
	<u>3-19-2024</u>	<u>Cammy Gorby</u>
Reviewed by		

Precinct Delegate Affidavit of Identity and Receipt of Filing

SECTION 1 Candidate information	First name <u>Janet</u>		Middle name <u>Marilyn</u>	Last name <u>Wulf-Marvin</u>		
	Year of birth <u>1956</u>	<input type="checkbox"/> My name has formally changed in the last 10 years for a reason other than marriage or divorce. My former name is <u>Wulf</u>				
	Residential address <u>4952 W. Hillis</u>			City <u>Stanton</u>	ZIP <u>48888</u>	
	Mailing address, if different than above			City	ZIP	
	Phone number <u>989 400 2539</u>		Email <u>wulfmarj@gmail</u>	Campaign website, if applicable		

SECTION 2 Office & ballot information	Office name Precinct Delegate		Jurisdiction <u>Dauglass</u>	Precinct number
	<input checked="" type="checkbox"/> I am running for a partisan office, and my political party is: <u>Democrat</u>			
	<input checked="" type="checkbox"/> Primary election <u>8/6/2024</u> <small>DATE (MM/DD/YYYY)</small>			
Indicate exactly how you want your name to be printed on the ballot (use upper and lowercase letters) <u>Janet Wulf-Marvin</u>				

SECTION 3 Certification & acknowledgment	<input checked="" type="checkbox"/> I certify that I am a United States citizen and I meet the statutory and constitutional requirements for the office sought.	
	By signing, I acknowledge that making a false statement in this affidavit is perjury - a felony punishable by a fine up to \$1,000 or imprisonment for up to five years or both and may result in disqualification from the ballot.	
	<u>Janet Wulf-Marvin</u> <u>5-7-24</u> <small>Candidate signature</small> <small>Date</small>	
	Notary signature <u>Stephanie Bracey</u>	Notary name <u>Stephanie Bracey</u>
	County of commission <u>Montcalm</u>	Acting in the County of
My commission expires <small>DATE (MM/DD/YYYY)</small> <u>05/12/2027</u>		Date of notarization <small>DATE (MM/DD/YYYY)</small> <u>05/07/2024</u>

Office use only	Date of filing <u>5/07/2024</u>	Received by <u>Stephanie Bracey</u>
	Reviewed by <u>Stephanie Bracey</u>	

Precinct Delegate Affidavit of Identity and Receipt of Filing

SECTION 1 Candidate information	First name MESHELL	Middle name JOY	Last name MCCORMICK
	Year of birth 1964	<input type="checkbox"/> My name has formally changed in the last 10 years for a reason other than marriage or divorce. My former name is _____	
	Residential address 5490 N CARIS RD		City EDMORE ZIP 48829
	Mailing address, if different than above		City ZIP
	Phone number (989) 807-0224	Email shellybelly0@yahoo.com	Campaign website, if applicable

SECTION 2 Office & ballot information	Office name Precinct Delegate	Jurisdiction Ferris Township	Precinct number 001
	<input checked="" type="checkbox"/> I am running for a partisan office, and my political party is: <u>Democrat</u>		
	<input checked="" type="checkbox"/> Primary election <u>08/06/2024</u> <small>DATE (MM/DD/YYYY)</small>		
Indicate exactly how you want your name to be printed on the ballot (use upper and lowercase letters) MeShell J McCormick			

SECTION 3 Certification & acknowledgment	<input checked="" type="checkbox"/> I certify that I am a United States citizen and I meet the statutory and constitutional requirements for the office sought.		
	By signing, I acknowledge that making a false statement in this affidavit is perjury - a felony punishable by a fine up to \$1,000 or imprisonment for up to five years or both and may result in disqualification from the ballot.		
	<u>MeShell J McCormick</u> Candidate signature		<u>May 6, 2024</u> Date
	Notary signature <u>Cammy Gorby</u>	Notary name <u>Cammy Gorby</u>	
	County of commission <u>Montcalm</u>	Acting in the County of <u>Montcalm</u>	
My commission expires <u>2-2-2029</u> <small>DATE (MM/DD/YYYY)</small>		Date of notarization <u>5-6-2024</u> <small>DATE (MM/DD/YYYY)</small>	

Office use only	Date of filing <u>5-6-2024</u>	Received by <u>Cammy Gorby</u>
	Reviewed by	

Precinct Delegate Affidavit of Identity and Receipt of Filing

SECTION 1 Candidate information	First name <u>James</u>	Middle name <u>Andrew</u>	Last name <u>Hohler</u>	
	Year of birth <u>1964</u>	<input type="checkbox"/> My name has formally changed in the last 10 years for a reason other than marriage or divorce. My former name is _____		
	Residential address <u>4075 Lake Road</u>		City <u>LaKeview</u>	ZIP <u>98850</u>
	Mailing address, if different than above		City	ZIP
	Phone number <u>616-401-6775</u>	Email <u>jahohler09@gmail.com</u>	Campaign website, if applicable	

SECTION 2 Office & ballot information	Office name Precinct Delegate	Jurisdiction <u>Pine Twp</u>	Precinct number <u>1</u>
	<input checked="" type="checkbox"/> I am running for a partisan office, and my political party is: <u>Democrat</u>		
	<input checked="" type="checkbox"/> Primary election <u>8/6/2024</u> <small>DATE (MM/DD/YYYY)</small>		
Indicate exactly how you want your name to be printed on the ballot (use upper and lowercase letters) <u>James Hohler</u>			

SECTION 3 Certification & acknowledgment	<input checked="" type="checkbox"/> I certify that I am a United States citizen and I meet the statutory and constitutional requirements for the office sought.		
	By signing, I acknowledge that making a false statement in this affidavit is perjury - a felony punishable by a fine up to \$1,000 or imprisonment for up to five years or both and may result in disqualification from the ballot.		
	<u>James Hohler</u> Candidate signature		<u>4/16/2024</u> Date
	Notary signature <u>Gammy Gorby</u>	Notary name <u>Gammy Gorby</u>	
	County of commission <u>Montcalm</u>	Acting in the County of <u>Montcalm</u>	
My commission expires <u>2-2-2029</u> <small>DATE (MM/DD/YYYY)</small>	Date of notarization <u>4-16-2024</u> <small>DATE (MM/DD/YYYY)</small>		

Office use only	Date of filing <u>4-16-2024</u>	Received by <u>Gammy Gorby</u>
	Reviewed by	

Precinct Delegate Affidavit of Identity and Receipt of Filing

SECTION 1	Candidate information	First name <u>Helen</u>		Middle name <u>Kay</u>	Last name <u>Kennedy</u>	
		Year of birth <u>1947</u>	<input type="checkbox"/> My name has formally changed in the last 10 years for a reason other than marriage or divorce. My former name is _____			
		Residential address <u>4394 S. Laka Rd</u>			City <u>Greenville</u>	ZIP <u>48838</u>
		Mailing address, if different than above			City	ZIP
		Phone number <u>616-225-0137</u>	Email <u>hkkennedy@gmail.com</u>	Campaign website, if applicable		

SECTION 2	Office & ballot information	Office name Precinct Delegate		Jurisdiction <u>Montcalm Township</u>	Precinct number <u>1</u>
		<input checked="" type="checkbox"/> I am running for a partisan office, and my political party is: <u>Democratic</u>			
		<input type="checkbox"/> Primary election <u>08/06/2024</u> <small>DATE (MM/DD/YYYY)</small>			
		Indicate exactly how you want your name to be printed on the ballot (use upper and lowercase letters) <u>Helen Kennedy</u>			

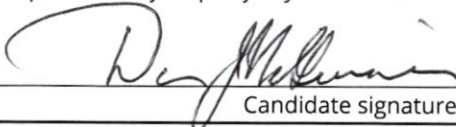
SECTION 3	Certification & acknowledgment	<input checked="" type="checkbox"/> I certify that I am a United States citizen and I meet the statutory and constitutional requirements for the office sought.	
		<i>By signing, I acknowledge that making a false statement in this affidavit is perjury - a felony punishable by a fine up to \$1,000 or imprisonment for up to five years or both and may result in disqualification from the ballot.</i>	
		<u>Helen Kennedy</u> <u>3-5-24</u> <small>Candidate signature Date</small>	
		Notary signature <u>Cammy Gorby</u>	Notary name <u>Cammy Gorby</u>
		County of commission <u>Montcalm</u>	Acting in the County of <u>Montcalm</u>
My commission expires <u>2-2-2029</u> <small>DATE (MM/DD/YYYY)</small>		Date of notarization <u>3-5-2024</u> <small>DATE (MM/DD/YYYY)</small>	

Office use only	Date of filing <u>3-5-2024</u>	Received by <u>Cammy Gorby</u>
	Reviewed by	

Precinct Delegate Affidavit of Identity and Receipt of Filing

SECTION 1 Candidate information	First name	Middle name	Last name
	Doris	Jane	McGinness
	Year of birth	<input type="checkbox"/> My name has formally changed in the last 10 years for a reason other than marriage or divorce. My former name is _____	
	1961		
	Residential address	City	ZIP
	3974 Ginger Drive,	Gowen	49326
	Mailing address, if different than above	City	ZIP
	Phone number	Email	Campaign website, if applicable
	773.968.1349	mamadoe9@gmail.com	

SECTION 2 Office & ballot information	Office name	Jurisdiction	Precinct number
	Precinct Delegate	Montcalm Township	
	<input checked="" type="checkbox"/> I am running for a partisan office, and my political party is: <u>DEMOCRAT</u>		
	<input checked="" type="checkbox"/> Primary election <u>08/06/2024</u> <small>DATE (MM/DD/YYYY)</small>		
Indicate exactly how you want your name to be printed on the ballot (use upper and lowercase letters)			
<u>Doris J. McGinness</u>			

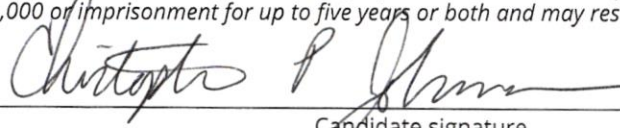
SECTION 3 Certification & acknowledgment	<input checked="" type="checkbox"/> I certify that I am a United States citizen and I meet the statutory and constitutional requirements for the office sought.	
	By signing, I acknowledge that making a false statement in this affidavit is perjury - a felony punishable by a fine up to \$1,000 or imprisonment for up to five years or both and may result in disqualification from the ballot.	
	<div style="display: flex; justify-content: space-between;"> <div>  Candidate signature </div> <div> <u>2-19-24</u> Date </div> </div>	
	Notary signature	Notary name
	<u>Kristen Miranda</u>	<u>Kristen Miranda</u>
	County of commission	Acting in the County of
<u>Montcalm</u>	<u>Montcalm</u>	
My commission expires <small>DATE (MM/DD/YYYY)</small>	Date of notarization <small>DATE (MM/DD/YYYY)</small>	
<u>11/17/2025</u>	<u>02/23/24</u>	

Office use only	Date of filing	Received by
	<u>2/23/24</u>	<u>[Signature]</u>
	Reviewed by	
	<u>[Signature]</u>	

Precinct Delegate Affidavit of Identity and Receipt of Filing

SECTION 1 Candidate information	First name	Middle name	Last name
	Christopher	Paul	Johnson
	Year of birth	<input type="checkbox"/> My name has formally changed in the last 10 years for a reason other than marriage or divorce. My former name is _____	
	1965		
	Residential address	City	ZIP
	7405 McBride Rd	Lakeview	48850
	Mailing address, if different than above	City	ZIP
	Phone number	Email	Campaign website, if applicable
	616 540 2616	65.john50n.cj65@gmail.com	

SECTION 2 Office & ballot information	Office name	Jurisdiction	Precinct number
	Precinct Delegate	Pine Twp	
	<input checked="" type="checkbox"/> I am running for a partisan office, and my political party is: <u>Democratic</u>		
	<input checked="" type="checkbox"/> Primary election <u>08/06/2024</u> <small>DATE (MM/DD/YYYY)</small>		
Indicate exactly how you want your name to be printed on the ballot (use upper and lowercase letters)			
Chris Johnson			

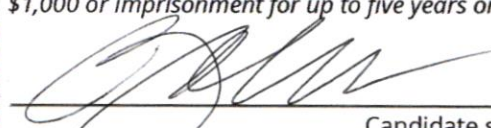
SECTION 3 Certification & acknowledgment	<input checked="" type="checkbox"/> I certify that I am a United States citizen and I meet the statutory and constitutional requirements for the office sought.	
	By signing, I acknowledge that making a false statement in this affidavit is perjury - a felony punishable by a fine up to \$1,000 or imprisonment for up to five years or both and may result in disqualification from the ballot.	
		
	Candidate signature	
	Date <u>3/12/24</u>	
	Notary signature <u>Cammy Gorby</u>	
Notary name <u>Cammy Gorby</u>		
County of commission <u>Montcalm</u>		
Acting in the County of <u>Montcalm</u>		
My commission expires <u>2-2-2029</u> <small>DATE (MM/DD/YYYY)</small>		
Date of notarization <u>3-12-2024</u> <small>DATE (MM/DD/YYYY)</small>		

Office use only	Date of filing	Received by
	3-12-2024	Cammy Gorby
Reviewed by		

Precinct Delegate Affidavit of Identity and Receipt of Filing

SECTION 1 Candidate information	First name	DIANE		Middle name	MARY		Last name	ZAKALA	
	Year of birth	<input type="checkbox"/> My name has formally changed in the last 10 years for a reason other than marriage or divorce. My former name is _____							
	Residential address					City	ZIP		
	10415 E EDGAR RD					VESTABURG	48891		
	Mailing address, if different than above					City	ZIP		
Phone number					Email	Campaign website, if applicable			
989-388-1898					ZAKALA1@OUTLOOK.COM				

SECTION 2 Office & ballot information	Office name	Jurisdiction	Precinct number
	Precinct Delegate	RICHLAND TWP	1
	<input checked="" type="checkbox"/> I am running for a partisan office, and my political party is: DEMOCRAT		
<input checked="" type="checkbox"/> Primary election 8/6/2024 <small>DATE (MM/DD/YYYY)</small>			
Indicate exactly how you want your name to be printed on the ballot (use upper and lowercase letters)			
Diane Zakala			

SECTION 3 Certification & acknowledgment	<input checked="" type="checkbox"/> I certify that I am a United States citizen and I meet the statutory and constitutional requirements for the office sought.	
	By signing, I acknowledge that making a false statement in this affidavit is perjury - a felony punishable by a fine up to \$1,000 or imprisonment for up to five years or both and may result in disqualification from the ballot.	
		
	Candidate signature	Date
		5-6-2024
	Notary signature	Notary name
Stephanie Bracey	Stephanie Bracey	
County of commission	Acting in the County of	
Montcalm		
My commission expires	Date of notarization	
DATE (MM/DD/YYYY) 05/12/2027	DATE (MM/DD/YYYY) 05/06/2024	

Office use only	Date of filing	Received by
	05/06/2024	Stephanie Bracey
Reviewed by		