

Precinct Delegate Affidavit of Identity and Receipt of Filing

CLEAR FORM

SECTION 1 Candidate information	First name		Middle name		Last name	
	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	
	Mailing address, if different than above			City	ZIP	
	Phone number		Email		Campaign website, if applicable	
SECTION 2 Office & ballot information	Office name Precinct Delegate		Jurisdiction		Precinct number	
	<input type="checkbox"/> I am running for a partisan office, and my political party is: _____					
	<input type="checkbox"/> Primary election _____ <small>DATE (MM/DD/YYYY)</small>					
Indicate exactly how you want your name to be printed on the ballot (use upper and lowercase letters)						
SECTION 3 Certification & acknowledgment	<input 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>					
	Candidate signature				Date	
	Notary signature			Notary name		
County of commission			Acting in the County of			
My commission expires <small>DATE (MM/DD/YYYY)</small>			Date of notarization <small>DATE (MM/DD/YYYY)</small>			
Office use only	Date of filing			Received by		
	Reviewed by					