## **Affidavit of Identity and Receipt of Filing**

All information must be completed unless otherwise noted. Missing or incorrect information may result in disqualification. Judicial candidates should use combined judicial affidavit of identity/qualification form rather than this form.

| SECTION 1             | Candidate information          | First name   | Middle name              |        |   | Last name                       |       |               |  |
|-----------------------|--------------------------------|--|--------------------------|--------|---|---------------------------------|-------|---------------|--|
|                       |                                | Year of birth  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 and ballot information  | Office name Ju   |                          |        | risdiction                                      |                                 |       | District/Ward |  |
|                       |                                | I am running for a partisan office, and my political party is:  I am running for a nonpartisan office without party affiliation (judicial office: see note above)  I am running for a partisan office without party affiliation.                       |                          |        |   |                                 |       |               |  |
|                       |                                | Frimary election General election DATE (MONTH/DAY/YEAR)  Term of office (select one): Regular term Partial term expiring: DATE (MONTH/DAY/YEAR)  Recall  |                          |        |   |                                 |       |               |  |
|                       |                                | Indicate exactly how you want your name to be printed on the ballot (use upper and lowercase letters):   |                          |        |   |                                 |       |               |  |
|                       |                                | Filing method (Select one):  Petitions Return to me in January Destroy in January \$100 filing fee (if applicable) Certification of party nomination & acceptance (if applicable)  |                          |        |   |                                 |       |               |  |
| SECTION 3             | Certification & acknowledgment | I previously ran in Michigan for office that required filing reports under the Michigan Campaign Finance Act. I ran in the following counties:   |                          |        |   |                                 |       |               |  |
|                       |                                | I certify that at this date, all statements, reports, late filing fees, and fines due from me or any candidate committee organized to support my election under the Michigan Campaign Finance Act have been filed or paid.                             |                          |        |   |                                 |       |               |  |
|                       |                                | 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 and may result in disqualification from the ballot.  Candidate signature  Date |                          |        |   |                                 |       |               |  |
|                       |                                | Notary signature   |                          |        | Notary  |                                 |       |               |  |
|                       |                                | County of commission:  My commission expires:  |                          |        | Acting in the County of:  Date of notarization: |                                 |       |               |  |
|                       |                                | DATE (MONTH/DAY/YEAR)  |                          |        | Date (MONTH/Day/year)                           |                                 |       |               |  |
| Office<br>use<br>only |                                |  | ved by:<br>NTH/DAY/YEAR) | Reviev | ved by:   |                                 | Check | number:       |  |
|                       |                                | Number of petition Sheets:   |                          |        | paign Finance Number:                           |                                 |       |               |  |