

# 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 \_\_\_\_\_