

Muscogee County Democratic Committee Member Candidate Qualifying Affidavit

This qualifying affidavit must be completed to validate a candidate's credentials to appear on the ballot for District Representative in the Party District Caucus Elections held on January 15, 2019.

Name:

Council/School District where you live and are registered to vote:

County Precinct where you live and are registered to vote:

Home Address:

Home Phone:

Cell Phone:

Email Address:

Your initials (or electronic stamp) signify and proclaim that the below statements are true and correct:

___ I believe in the goals of the Democratic Party of Georgia

___ I am not a member of any other political party or body (as defined in the Georgia Election Code.)

___ If it is found that I have submitted this Candidate Affidavit under false pretenses, I am subject to removal as a Party District post seat holder.

Printed Name:

Signature:

Date: