

Muscogee County Democratic Committee Member Elector Qualifying Affidavit

This qualifying affidavit must be completed by an Elector in order to vote for candidates appearing 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.)

Printed Name:

Signature:

Date: