

**Democratic Party Member
Candidate Affidavit**

For collection at qualifying

Please complete this form to be credentialed to vote in the Party District Caucus Elections

Complete Name: _____

District where you live and are registered to vote: _____

Precinct where you live and are registered to vote: _____

Complete home address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

My **initials** below signify and proclaim that the below statements are true and accurate:

_____ 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.)

_____ I am not affiliated with any political group whose ideas, goals, and methods are
incompatible with that of the Democratic Party of Georgia (as identified by the Executive Committee of
the Democratic Party of Georgia).

_____ 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