Liberty County Democratic Committee

Candidate and Elector Affidavit
For Collection at Elections

You must complete this entire form to be qualified and credentialed as a Candidate and/or an Elector in the LCDC County Committee or State Committee Member Elections.
(Candidates will also be Electors to vote for themselves)

Office You Are A Candidate For: _____
Chair, 1st Vice Chair, 2nd Vice Chair, 3rd Vice Chair, Secretary, Treasurer, State Committee Member

Complete Name: _____
(name on your voter registration record)

District # where you live and are registered to vote: _____

Complete Home Address: _____

Complete Mailing Address: _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

My initials below signify and proclaim that the statements below 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).

My initials below signify my purpose in participation:
_____ I am a Candidate, and an Elector (Voting)
_____ I am an Elector (Voting, not running as a Candidate)

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

LCDC Use Only - Received by Initials: _____Date/Time: _____ Candidate and Elector Affidavit

Liberty County Democratic Committee

Candidate Affidavit for State Committee Member

Pursuant to the BY L A W S OF THE DEMOCRATIC PARTY OF GEORGIA Revised August 28, 2021, BL2.01.03, "A person does not have to be a County Committee member to be elected to the State Committee." However, all registered Democrats in Liberty County, GA. are invited to qualify for candidacy for State Committee Member (representing Liberty County, GA) and to become a voting member of the Democratic Party of Georgia.

All registered Democrats desiring to be candidates for the State Committee must sign the following affidavit:

Liberty County, **GA** _____ Date of Election

I am a resident and registered voter in **Liberty County**, GA. I hereby make application to be an elected member of the Democratic Party of Georgia State Committee. I believe in the goals of the Democratic Party of Georgia, am not a member of any other political party or body (as defined in the Georgia Election Code) and am not affiliated with any political group who's ideal, 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).

Applicant (*Printed Name*) _____

Address _____

Telephone _____

Email _____

Signature _____