

DECLARATION OF CANDIDACY

PLEASE TYPE OR PRINT

Name of Candidate as It Will Appear on Ballot

Title of Office Sought (including district, office or ward number if applicable)

Candidate's Address of Residence — Street, City

Candidate's Mailing Address — Street or Box, City, State, ZIP

Party Candidate _____ Independent Judicial
Name of Political Party

I am a registered voter in _____
Precinct County

Date of Birth _____
Month, Day, Year

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct and that I am fully qualified to become a candidate for the office which I seek and that I will be fully qualified to hold said office, if elected.

Signature of Candidate (as it appears at the top of this form)

State of _____ County of _____

Subscribed and sworn to before me _____
Date

My commission expires _____ Commission number _____
Date

Signature of Notary Public or Officer Authorized to Administer Oath

SEAL

Title of Officer (Notary Public or Other Officer)