

WRITE-IN CANDIDATE
DECLARATION OF INTENT

Tekonsha Township
(NAME OF CITY, TOWNSHIP, VILLAGE OR SCHOOL DISTRICT)

As a write-in candidate for public office, you must file this form no later than 4:00 p.m. on the second Friday immediately preceding the election. You may have additional filing obligations under Michigan's Campaign Finance Act (P.A. 388 of 1976). Ask your filing official for further information.

As a write-in candidate for a precinct delegate position, you must file this form with the clerk of your city or township of residence no later than 4:00 p.m. on the first Friday immediately preceding the August primary. As an alternative, you may file this form with your board of election inspectors on the day of the August primary any time prior to the close of the polls.

Name Marcia E. Thomas
(Print or Type)

Residence Address 228 1/2 mile Rd. Tekonsha 49092
(Street Address) (Post Office) (Zip Code)

City or Township of Tekonsha

I am registered and qualified to vote at this address: Yes No Birth Date 06/27/50

Home Phone (517) 767 3171 Business Phone ()

DATE OF ELECTION: Primary / / General 11 / 06 / 2018

OFFICE SOUGHT: Trustee

District No. (if any) _____ Precinct No. (if Precinct Delegate Candidate) _____

Partisan Office -- Party* Republican Nonpartisan Office
(*NOTE: Required for partisan primary election only)

TERM: Regular To Fill Vacancy - Term Ending Nov 2020 Other _____

JUDICIAL CANDIDATES ONLY:

Incumbent Position - Place a check in this box if you are running for a judicial office for which the incumbent is seeking reelection.

Non-Incumbent Position - Place a check in this box if you are running for a judicial office for which the incumbent is not seeking reelection.

New Judgeship - Place a check in this box if you are running for a newly created judicial seat.

By signing this affidavit, I swear the statements made above are true and do hereby declare my intent to seek the above elective office as a write-in candidate.

SIGNATURE OF WRITE-IN CANDIDATE: Marcia Thomas

Subscribed and sworn to by Marcia Thomas

Name of Notary: Charla A. Vincent

before me on the 11th day of October, 2018

Notary Public, State of Michigan, County of Calhoun

My commission expires 9/1/2021

Charla A. Vincent
Signature of notary public

Acting in the County of Calhoun

OFFICE USE ONLY

OFFICE CODE _____

DATE OF FILING 10 / 11 / 18

CFR I.D. _____

RECEIVED BY Craig A Clark