

To: The Chairman and Secretary of
State Executive Committee of the
_____ Party
State of Georgia

**DECLARATION OF CANDIDACY AND AFFIDAVIT
(STATE)**

I, the undersigned, being first duly sworn on oath, do depose and say: my name is _____
_____;

my residence address is _____
(Street Number) (Street)

(City) (County) (State) (Zip Code);

my post office address is _____;

my telephone number is _____
(Business) (Home);

my profession, business, occupation (if any) is _____;

the name of my precinct is _____; I am an elector of the county of my
residence and eligible to vote in the primary election in which I am a candidate for nomination; the name of the office
I am seeking is _____; my date of birth is _____;
(Circuit, District, or Post if Applicable)

as of the general election for this office, I will have been a legal resident of the State of Georgia for _____
consecutive years; a legal resident of _____ county for _____ consecutive years; a legal resident of my
district (if applicable) for _____ consecutive years; and a legal resident of my circuit (if applicable) for
_____ consecutive years; I am a citizen of the United States; I am eligible to hold such office; I am a
candidate for nomination in the _____ to be held on the _____ day of _____, 20 _____;
(Primary)

I have never been convicted and sentenced in any court of competent jurisdiction for fraudulent violation of primary or
election laws, malfeasance in office, or felony involving moral turpitude or conviction of domestic violence under the laws
of this State, any other State, or of the United States, or, if so convicted that my civil rights have been restored and at least
ten years have elapsed from the date of the completion of the sentence without a subsequent conviction of another felony
involving moral turpitude; I am not a defaulter for any federal, state, county, municipal, or school system taxes required of
such officeholder or candidate if such person has been finally adjudicated by a court of competent jurisdiction to owe those
taxes, but such ineligibility may be removed at any time by full payment thereof, or by making payments to the tax
authority pursuant to a payment plan, or under such other conditions as the General Assembly may provide by general law
(pursuant to Ga. Const. Art. II, Sec. II, paragraph III); I will not knowingly violate any provisions of the Georgia Election
Code (O.C.G.A. § 21-2) or of the rules or regulations adopted thereunder; I will not knowingly violate the rules or
regulations of the _____ party.

I understand that any false statement knowingly made by me in this Declaration of Candidacy and Affidavit will
subject me to criminal penalties as provided by law and I hereby request you to cause my name to be placed on the
ballots to be used in such primary election as a candidate for the nomination I am seeking.

(Signature of Candidate)

Sworn to and subscribed before this _____ day of _____, _____.

(Notary Public)

My Commission Expires: _____

(Required by Ga. Election Code O.C.G.A. § 21.2.153.)

I desire that my name appear on the ballot as follows
(the surname of the candidate shall be as it appears
on the candidate's voter registration card):

(Please Print)

Should I be elected, I desire that my name appear on official
documents as follows:

(Please Print)

1. I hereby tender check/cash in the amount of \$ _____

NAME OF BANK: _____

CHECK NUMBER: _____

In the event that a candidate pays his or her qualifying fee with a check that is subsequently returned for insufficient funds, the Secretary of State shall automatically find that such candidate has not met the qualifications for holding the office being sought, unless the bank, credit union, or other financial institution returning the check certifies in writing by an officer's or director's oath that the bank, credit union, or financial institution erred in returning the check as prescribed in O.C.G.A. § 21-2-5(d).

I hereby file a Pauper's Affidavit, accompanied by a qualifying petition as prescribed in O.C.G.A. § 21-2-153(a.1), in lieu of paying the qualifying fee.

Form #DC-S-20