

WRITE-IN CANDIDATE
DECLARATION OF INTENT

Tekronsha Village

(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 Barb Calhoun

Residence Address 528 W. Jackson Dr. Tekronsha 49092
(Street Address) (Post Office) (Zip Code)

City or Township of Tekronsha

I am registered and qualified to vote at this address: Yes No Birth Date 10, 09, 66

Home Phone (269) 830 5082 Business Phone ()

DATE OF ELECTION: Primary _____ General 11, 6, 18

OFFICE SOUGHT: Village Council Trustee

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

Partisan Office -- Party* _____ Nonpartisan Office

(*NOTE: Required for partisan primary election only)

TERM: Regular To Fill Vacancy - Term Ending _____ 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: Barb Calhoun

Subscribed and sworn to by _____ Name of Notary: _____

before me on the 10 day of September, 2018

Notary Public Rose K. Bush
My commission expires 6/25/2024
Acting in the County of _____

Rose K. Bush
Signature of notary public

OFFICE USE ONLY
OFFICE CODE _____ DATE OF FILING 9, 13, 18
CFR I.D. 143236 RECEIVED BY Craig A. Clark