



Precinct Chair Application (for Mid-term Vacancies Only)

Return form to County Chair by email, mail, or in-person

VZCDP | P.O. Box 217 | Canton, TX 75103 | jahaldeman@mac.com

Voter ID/Precinct	VUID #	Precinct #
Full Name		
Registered Address		
City, State, ZIP		
Mailing Address (if different from above)		
Date of Birth		
Phone Number*		
Email Address*		
<small>* Phone numbers and email address are listed on our website at www.vanzandtcountymocrats.org, on the CEC-restricted page, unless otherwise stated.</small>		

Do not publish the following on the VZCDP website/CEC page:	Phone <input type="checkbox"/>	Email <input type="checkbox"/>
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X _____
Applicant's Signature Date

If you did not vote in the most recent Democratic Party Primary Election you must sign the following:

Oath of Affiliation

I swear that I have not voted in a primary election or participated in a convention of another party during this voting year. I hereby affiliate myself with the Democratic Party. (Texas Democratic Party Rules, Article III, Section E, 3(a)).

X _____
Applicant's Signature Date



Precinct Chair Application (File for Primary Ballot)

Return form to County Chair by email, mail, or in-person

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Download form from <https://www.sos.state.tx.us/elections/forms/pol-sub/2-1f.pdf>

- Add "PRECINCT"
- Add "DEMOCRATIC"
- Circle "Precinct Chair"
- Complete form and sign.
- Return form to County Chair by email, mail, or in-person

APPLICATION FOR **PRECINCT** CHAIR ON THE **DEMOCRATIC** PARTY GENERAL PRIMARY BALLOT

09/2021
APPLICATION FOR A PLACE ON THE GENERAL PRIMARY BALLOT FOR A PRECINCT OR COUNTY CHAIR
 ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL¹
 Failure to provide required information may result in rejection of application.

APPLICATION FOR _____ CHAIR ON THE _____ PARTY GENERAL PRIMARY BALLOT (Precinct or County) (Democratic or Republican)	
To: County Chair I request that my name be placed on the above-named official primary ballot as a candidate for election to the office indicated below.	
OFFICE SOUGHT (circle one) (Include any place number or other distinguishing number, if any.) Precinct Chair Precinct # _____ County Chair	
FULL NAME (First, Middle, Last) PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*	
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) PUBLIC MAILING ADDRESS (Address at which you receive campaign related correspondence, if available.)	
CITY STATE ZIP	CITY STATE ZIP
PUBLIC EMAIL ADDRESS (Address for which you receive campaign related emails, if available.)	OCCUPATION (Do not leave blank) DATE OF BIRTH VOTER REGISTRATION VOID NUMBER ² (Optional)
TELEPHONE CONTACT INFORMATION (Optional) Home: _____ Work: _____ Cell: _____	LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN IN THE STATE OF TEXAS IN PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED _____ year (s) _____ year (s) _____ month(s) _____ month(s)
*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.	
Before me, the undersigned authority, on this day personally appeared (name of candidate) _____, who being by me here and now duly sworn, upon oath says: "I, (name of candidate) _____ of _____ County, Texas, being a candidate for the office of _____, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."	
X SIGNATURE OF CANDIDATE	
Sworn to and subscribed before me this the _____ day of _____, _____, by _____ (day) (month) (year) (name of candidate)	
Signature of Officer Authorized to Administer Oath ³	Printed Name of Officer Authorized to Administer Oath
Title of Officer Authorized to Administer Oath	Notarial or Official Seal
TO BE COMPLETED BY COUNTY CHAIR OR SECRETARY OF THE COUNTY EXECUTIVE COMMITTEE: (See Section 1.007)	
Date Received _____ Date Accepted _____	<input type="checkbox"/> Voter Registration Status Verified _____ Signature of Chair or Designee _____

Print Reset

Van Zandt County - Voter Precincts

