

AFFIDAVIT REGARDING
RACINE COUNTY BOARD VACANCY
10TH DISTRICT

1. Name: _____

2. Residence: Street: _____

Municipality: _____ Zip Code: _____

3. Telephone: Home: _____ Work: _____ Cell: _____

4. Date of Birth: _____

5. Are you a qualified elector? Yes No

6. How long have you lived in the 10TH District? _____

7. List all relevant experience for this position such as community activities, governmental activities, political experience, etc.

8. Have you been convicted of a felony in any court within the United States for which you have not been pardoned or convicted of a misdemeanor involving a violation of public trust for which you have not been pardoned?

Yes No

I, _____, being duly sworn, state that I am applying for the Office of Racine County Board Supervisor for the 10th District, that the above information is true and correct and that I meet the applicable age, citizenship, residency and voting qualification requirements prescribed by the constitutions and laws of the United States and the State of Wisconsin and that I will otherwise qualify for office, if chosen.

Signature

STATE OF WISCONSIN)
)SS
COUNTY OF RACINE)

Subscribed and sworn to before me this _____ day of _____, 2020.

(Signature of person authorized to administer oaths)

My commission expires _____ or is permanent. SEAL

Notary Public or _____
(Official title if not a notary)

This form and any other required documents must be filed with:

Racine County Board Chairman
c/o Racine County Clerk
Racine County Courthouse
730 Wisconsin Avenue
Racine, WI 53403

By 5:00 P.M. on FRIDAY, NOVEMBER 20, 2020.