

## Lowndes County Democratic Caucus

**Instructions:** This is an online caucus of Democrats in Lowndes County to elect half of the Lowndes County Democratic Committee to four-year terms (9/1/20—8/31/24). Complete the affidavit below with your name, address, and County Commission district (1, 2, or 3) and super-district (4 or 5) as it is in your voter registration. Go to <https://www.mvp.sos.ga.gov/MVP> and enter your name, Lowndes County, and date of birth, and then click on Submit. The page will show your voter information, including **Commission District** and **Super Commission District**. Put those numbers in the affidavit below. Sign, scan or photograph the completed affidavit, and email it to [lowndesdems@gmail.com](mailto:lowndesdems@gmail.com). We will elect first by districts, then by super-districts, and then at-large.

### Affidavit

I am a resident and registered voter in Lowndes County, GA. I hereby make application to be an elected delegate and/or an elector of a delegate to the Lowndes County Democratic Committee. I believe in the goals of the Democratic Party, am not a member of any other political party or body (as defined in the Georgia Election Code), and am not affiliated with any political group whose ideals, goals, and methods are incompatible with that of the Democratic Party of Georgia (as identified by the Executive Committee of the Democratic Party of Georgia).

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby nominate myself to run to serve as a Post Holder.

County Commission District: \_\_\_\_\_ Super-district: \_\_\_\_\_  
(1, 2, or 3) (4 or 5)

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_