STATE OF MICHIGAN
DEPARTMENT OF STATE
LANSING

Certificate of Acceptance

I, _____, hereby certify that
(Name of Nominee)

I accept the nomination of the _____
(Name of Party)

Party for the office of _____ to be voted for at the
(Title of Office)

general election to be held on the _____ day of _____, _____.

I reside at _____, _____.
(Street Address) (City or Township)

My mailing address is _____.

_____
(Signature of Nominee)