NOMINATION PETITION
FOR PRESIDENTIAL ELECTORS

OF THE

(POLITICAL BODY)

TO:  SECRETARY OF STATE, STATE OF GEORGIA

Each of the undersigned persons does hereby PETITION FOR THE NOMINATION OF

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________
5. ____________________________________________
6. ____________________________________________
7. ____________________________________________
8. ____________________________________________
9. ____________________________________________
10. __________________________________________
11. __________________________________________
12. __________________________________________
13. __________________________________________
14. __________________________________________
15. __________________________________________
16. __________________________________________

the nominees of the ____________________________________________, for the offices of PRESIDENTIAL ELECTORS to be filled at the ____________________________________________ General Election.

(Date of Election)

Each of the undersigned petitioners hereby declares that he or she is a duly QUALIFIED AND REGISTERED ELECTOR of the State of Georgia entitled to vote in the next election for the filling of the offices of Presidential Electors.

No person shall sign the same petition more than once.

(Sign Only Your Own Name)

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<th>Personal Signature</th>
<th>Date of Birth</th>
<th>Residence Address</th>
<th>County</th>
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Form PPE-PB-03
CIRCULATOR'S AFFIDAVIT

STATE OF GEORGIA
COUNTY OF _______________________

I, the undersigned, being first duly sworn on oath, do depose and say that I personally circulated the foregoing petition sheet; that I reside at the address appearing below my signature hereon; that each signer manually signed his or her own name on this sheet with full knowledge of the contents of such petition; that each such signature was signed on or after ______________________, 20___, but not later than ______________________, 20___; and, to the best of my knowledge and belief, that such signers are registered electors of the State of Georgia qualified to sign such petition, that their respective residences are correctly stated in the petition, and that they all reside in the county named in the caption of this affidavit.

__________________________
Signature of Circulator

__________________________
(Print Name of Circulator)

__________________________
Address of Circulator (Number, Street [if any])

__________________________
(City)

__________________________
(State)

__________________________
(Zip Code)

NOTE: No notary public may sign the petition as an elector or serve as a circulator of any petition which he or she notarized. Any and all sheets of a petition that have the circulator's affidavit notarized by a notary public who also served as a circulator of one or more sheets of the petition or who signed one of the sheets of the petition as an elector shall be disqualified and rejected. O.C.G.A. 21-2-170.

Sworn to and subscribed before me this

__________________________
______ day of ______________________, 20___.

__________________________
NOTARY PUBLIC

My Commission Expires ______________________.