

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

	(NAME)	(PROFESSION, BUSINESS, OR OCCUPATION [IF ANY])		(PLACE OF RESIDENCE WITH STREET NUMBER [IF ANY])
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
(POLITICAL BODY)

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)

	Personal Signature <small>(Print name under signature)</small>	Date of Birth	Residence Address <small>(Number, street [if any], city)</small>	County	Date
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

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 _____.