

Important Notice: Please Read Before Printing

Pursuant to O.C.G.A. § 21-2-170 (a), a nomination petition must be on the form prescribed by the officer with whom the form is filed. The nomination petition prescribed by the Secretary of State for state officer is printed doubled-sided on legal size white copy paper. If you have any additional questions regarding the printing of the nomination petition, please contact our office directly at 404-656-2871.)

NOMINATION PETITION

FOR _____
(CANDIDATE'S NAME)

AN INDEPENDENT

TO: Secretary of State of
 State of Georgia

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

(Candidate's Name) , _____
(Profession, business or occupation, if any) ,
 who resides at _____
(Place of residence, with street and number, if any) ,
 an INDEPENDENT candidate for the office of _____ , 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 office sought by the candidate supported by this petition.

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.				
11.				
12.				
13.				
14.				
15.				

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 _____.