NOMINATION PETITION	FOR		AN INDEPENDENT
		(CANDIDATE'S NAME)	

TO:	SECRETARY	OF STATE	STATE	OF GEORGI

Each of the undersigned persons does hereby PETITION FOR THE	NOMINATION OF	,		who resides at
		(Candidate's Name)	(Profession, business or occupation, if any)	(Place of residence, with street and number if any
an INDEPENDENT candidate for the office	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. Different sheets must be used by signers residing in different counties. O.C.G.A. § 21-2-170(d).

(Sign Only Your Own Name)

COUNTY OF SIGNERS:

(Personal Signature) (Print name under signature)	Year of Birth	Residence Address (Number, Street, and City)	County	Date	Office Use Only
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
10.					

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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 fore petition sheet; that I reside at the address appearing below my signature hereon; that each signer manually signed or her own name on this sheet with full knowledge of the contents of the petition; that each such signature was son or after	ed his igned); alified to	n the caption of tl	nis affidavit.
	Signature of Circulator (Print Name of Circulator) Address of Circulator (Number and Stree		
	(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 sh notarized. Any and all sheets of a petition that have the circulator's affidavit notarized by a notary public also served as a circulator of one or more sheets of the petition or who signed one of the sheets of the p as an elector shall be disqualified and rejected. O.C.G.A. § 21-2-170.	who		
Sworn to and subscribed before me this			
day of, 20			
NOTARY PUBLIC			
MY COMMISSION EXPIRES			

Nom Pet Ind-County 2020