

Mailing Address of Candidate: \_

## **State of Maine**

## NOMINATION PETITION November 5, 2024 General Election Somerset County Office (Non-Partisan)

**DATE FILED**With Secretary of State

Petition must be submitted to municipal registrar for certification prior to filing with Secretary of State.

Deadline for submitting petitions to municipal registrar for certification: 5 p.m., May 28<sup>th</sup>, 2024

Deadline for filing petitions and Candidate's Consent with Secretary of State: 5 p.m., June 3<sup>rd</sup>, 2024

- Every voter must sign the petition in the circulator's presence.
- Registered voters physically unable to sign, who have filed an alternative signature statement per 21-A MRS §153-A, may direct another Maine registered voter to sign the petition in their presence. The authorized individual must sign their name, the assisted voter's name, attest to signing on the voter's behalf, and complete all information on both lines (for the voter and the assistant).
- For more information, please contact the Division of Elections at (207) 624-7650.

For Registrar use only	Signature of Voter (Not Printed Name)	Printed Name of Voter (Not Signature)	Date Signed	Actual Street Address (Not P.O. Box)	Municipality (Where Registered)	
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For Registrar use only	Signature of Voter (Not Printed Name)	Printed Name of Voter (Not Signature)	Date Signed	Actual Street Address (Not P.O. Box)	Municipality (Where Registere			
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petition be, and	n; and, to the best of my kno d is a resident of the electora ity, I hereby verify, that the	owledge and belief, each signal al division named in the petiti	at I perso ature is t ion. If an	onally witnessed all of the signate hat of the person whose name it y voter was unable to sign due to n at the voter's direction and in	purports to a physical			
Signatı	Signature of Circulator Printed Name of Circulator							
Signatı	ıre of Notary	Prin	ted Name	of Notary				
Subscril	bed to and sworn before me on thi	s date:(Date must be completed by N		Date my Notary Commission expires: _				
		Registrar's Cer	tification	1				
Munici	Municipality TOTAL VALID TOTAL INVALID							
	oy certify that the names of a ipality, in the electoral division	_	lid appea	ar on the voting list as registered	voters in this			
DATE	DATE & TIME PETITION RECEIVED:  Signature of Registrar:  Date petition certified:							