

STATE OF MAINE PRIMARY NOMINATION PETITION June 11, 2024 State Primary Election

| DATE FILED | |
|-------------------------|--|
| With Secretary of State | |

______ Party

| Legal name of candidate as it will appear on the ballot: (See Title 21-A, §601(2)(H) for requirements.) | | | | | | |
|--|--|---------------------|---|--------------------------|-----|--|
| (Last name and suffix, if any) | | (First name) | (Mi | (Middle name or initial) | | |
| Office: | (Title of Office – For example: Rep. to the Legislature) | Electoral Division: | (Name of District – For example: District | Term:] | N/A | |
| Voting | Residence of Candidate | (City, Town, Planta | tion or Township) | | | |
| Mailing | Address of Candidate: | | | | | |

Petition must be submitted to municipal registrar for certification prior to filing with Secretary of State. Deadline for filing petitions and Candidate's Consent with Secretary of State: 5 p.m., March 15, 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) |
|------------------------------|---------------------------------------|---------------------------------------|----------------|--------------------------------------|---------------------------------|
| 1. | | | | | |
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| 19. | | | | | |
| 20. | | | | | |

| 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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| 40. | | | | | | | |
| Circulator's Oath I hereby make oath that I am the Circulator of this petition; that I personally witnessed all of the signatures to this petition; and, to the best of my knowledge and belief, each signature is that of the person whose name it purports to be, and each person is enrolled in the party named on this petition, and is a resident of the electoral division named in the petition. If any voter was unable to sign due to a physical disability, I hereby verify, that the voter authorized another voter to sign at the voter's direction and in the voter's presence. | | | | | | | |
| Signature | of Circulator | Printed | Name of C | irculator | | | |
| Signature | of Notary | Printed | Name of No | otary | | | |
| Subscribed to and sworn before me on this date: Date my Notary Commission expires: | | | | | | | |
| Registrar's Certification | | | | | | | |
| Municipality TOTAL VALID TOTAL INVALID | | | | | | | |
| I hereby certify that the names of all the petitioners listed as valid appear on the voting list as registered voters in this municipality, in the electoral division named in the petition, and are enrolled in the party named on this petition. | | | | | | | |
| DATE & | DATE & TIME PETITION RECEIVED: Signature of Registrar: | | | | | | |
| | Date petition certified: | | | | | | |