

State of Maine

NOMINATION PETITION November 5, 2024 General Election Aroostook County Finance Committee

DATE FILEDWith Secretary of State

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)	(Middle name or initial)
Office: _	Aroostook County Finance Committee Electoral Division:		
	(Title of Office)		(Name of Electoral Division – District/Area)
oting R	Residence of Candidate:		
υ		(City/Town/Plantation/Township)
Agiling	Address of Candidate:		

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 28th, 2024

Deadline for filing petitions and Candidate's Consent with Secretary of State: 5 p.m., June 3rd, 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	Printed Name of Voter	Date Signed	Actual Street Address	Municipality
1.	(Not Printed Name)	(Not Signature)		(Not P.O. Box)	(Where Registered)
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
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
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					
		Circulator's	s Oath		
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 sign Il division named in the petit	ature is thick	onally witnessed all of the signat hat of the person whose name it y voter was unable to sign due t n at the voter's direction and in	purports to a physical
Signati	ure of Circulator	Pri	nted Name	e of Circulator	
Signatı	ure of Notary	Prin	nted Name	of Notary	
Subscrib	bed to and sworn before me on this	s date:(Date must be completed by I	Notary)	Date my Notary Commission expires:	
		Registrar's Cer	tification	1	
Munici	pality	G		TOTAL INVALI	D
	by certify that the names of a ipality, in the electoral division	_	ша арреа	r on the voting list as registered	ı voters in this
DATE	& TIME PETITION RECEIVED:	Signature of Registra	r:		
		Date petition certified	d:		