

Signature	Printed Name	Residence	Date

CIRCULATOR'S OATH

I herby make oath that I am the ciculator of this petition, that all signatures to this petition were made in my presence and to the best of my knowledge and belief, each signature is that of the person it purports to be.

Signature of Circulator _____ Printed Name _____

Signature of Notary _____ Printed Name _____

Sbscribed and sworn before me on this date : _____ (Date must be completed by Notary)

Date my Notary Commission expires: _____

REGISTRAR'S CERTIFICATION

Municipality _____ Total Valid _____ Total Invalid _____

I herby certify that the names of all the petitioners listed as valid appear on the voting list as qualified to vote for Governor.

DATE & TIME PETITION RECEIVED BY REGISTRAR:

Signature of Registrar: _____
Date petition certified: _____