



DELBERT HOSEMANN
Secretary of State
Candidate Petition
ELECTION COMMISSIONER

TO: CLERK OF THE BOARD OF SUPERVISORS of _____ County

We, the undersigned qualified electors of _____,
 _____ *(District name and number, as applicable)*
 County of _____, State of Mississippi, hereby petition that the name of
 _____ be placed upon
 the ballot of the _____ election to be held on _____,

general or special
 as a candidate for the office of _____.

- | | |
|---|---|
| 1. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 2. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 3. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 4. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 5. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 6. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 7. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 8. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 9. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 10. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |

Copy this form for succeeding pages.

This petition shall be used **only** for candidates (whose district falls wholly within one county.

The opening paragraph of each page of signatures MUST include:

- (1) The name of the candidate,**
- (2) office sought, AND**
- (3) date of the election.**