Candidate Petition
CONSOLIDATED/CONSOLIDATED LINE SCHOOL DISTRICT TRUSTEE

To: Election Commission of ________________________________________________:

We the undersigned qualified electors of the _________________________________
(Name of County), County of __________________________, State of Mississippi hereby petition
(School District) that the name of ____________________________
(Name of County) be placed upon the ballot of the election to be held on
______________________, 20______, as a candidate for the (check one) ☐ full term OR ☐ unexpired term office of Consolidated or
Consolidated Line School District Trustee.

In compliance with Miss. Code Ann. § 37-7-225, the county election commissioners shall place the name of any person eligible to hold the office of trustee on the ballot used in the election, provided that such candidate shall have filed with the county registrar, not more than ninety (90) days and by 5:00 p.m. not less than sixty (60) days prior to the date of such election, a petition of nomination signed by not less than fifty (50) qualified electors of the school district. Where there are less than one hundred (100) qualified electors in said district, it shall only be required that said petition of nomination be signed by at least twenty percent (20%) of the qualified electors of such school district. If such person be a candidate for an unexpired term, he shall indicate the term for which he is a candidate in such petition; otherwise he shall be deemed to be a candidate for a full term.

1. SIGNATURE ___________________________________________ Printed Name_________________________________________
   Address _______________________________________________ Precinct ____________________

2. SIGNATURE ___________________________________________ Printed Name_________________________________________
   Address _______________________________________________ Precinct ____________________

3. SIGNATURE ___________________________________________ Printed Name_________________________________________
   Address _______________________________________________ Precinct ____________________

4. SIGNATURE ___________________________________________ Printed Name_________________________________________
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6. SIGNATURE ___________________________________________ Printed Name_________________________________________
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7. SIGNATURE ___________________________________________ Printed Name_________________________________________
   Address _______________________________________________ Precinct ____________________

8. SIGNATURE ___________________________________________ Printed Name_________________________________________
   Address _______________________________________________ Precinct ____________________

9. SIGNATURE ___________________________________________ Printed Name_________________________________________
   Address _______________________________________________ Precinct ____________________

10. SIGNATURE ___________________________________________ Printed Name_________________________________________
    Address _______________________________________________ Precinct ____________________

Copy this form for succeeding pages. The appropriate Circuit Clerk must certify signatures on this form. 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.