Candidate Petition
County Election Commissioner

TO THE BOARD OF SUPERVISORS of ____________________________ County:
We, the undersigned qualified electors of ____________________________ (County/District name and number, as applicable), State of Mississippi, hereby petition that the name of ____________________________ be placed upon the ballot of the _______________ election to be held on ________________, 20_______, (General/Special) as a candidate for the office of County Election Commissioner, District _____________________________. (District Number)

1. SIGNATURE _____________________________________________ Printed Name __________________________________________________
   Address __________________________________________________ Precinct __________________________

2. SIGNATURE _____________________________________________ Printed Name __________________________________________________
   Address __________________________________________________ Precinct __________________________

3. SIGNATURE _____________________________________________ Printed Name __________________________________________________
   Address __________________________________________________ Precinct __________________________

4. SIGNATURE _____________________________________________ Printed Name __________________________________________________
   Address __________________________________________________ Precinct __________________________

5. SIGNATURE _____________________________________________ Printed Name __________________________________________________
   Address __________________________________________________ Precinct __________________________

6. SIGNATURE _____________________________________________ Printed Name __________________________________________________
   Address __________________________________________________ Precinct __________________________

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 county registrar 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.