



# Candidate Petition – Special Election INDEPENDENT CANDIDATE FOR UNITED STATES REPRESENTATIVE

**TO: STATE BOARD OF ELECTION COMMISSIONERS**  
c/o Secretary of State, Elections Division  
P.O. Box 136  
Jackson, MS 39205-0136

We, the undersigned qualified electors of the State of Mississippi, in the County of \_\_\_\_\_ hereby petition that the name of \_\_\_\_\_ be placed upon the Special Election Ballot to be held on \_\_\_\_\_, \_\_\_\_\_, as a candidate for the office of United States Representative.

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

**Copy this form for succeeding pages.**

The appropriate county registrar must certify signatures on this form prior to submission to the Secretary of State.

The opening paragraph of each page of signatures MUST include:

- (1) The names of the candidates,
- (2) office sought, AND
- (3) date of the election.