		the undersigned, a registered vo
(print name	e as it appears on your voter information	n card)
aid state and county, petition	to have the name of	
ced on the Primary/General El	ection Ballot as a: [check/complete bo	x, as applicable]
	intion	Darty condidate for the office
	iation	Party candidate for the office
(inse	rt title of office and include district, circ	uit, group, seat number, if applicable)
, , , , , , , , , , , , , , , , , , ,	rt title of office and include district, circ Registration Number Address	
Date of Birth or Voter	·	
Date of Birth or Voter (MM/DD/YY)	Registration Number Address	