

## Minor Political Party Ballot Access Petition

# State of Nevada

For General Election Ballot Access as a Minor Political Party

nty of	f} ( <u>Only</u> registered voters of this County may					
	For Go	eneral Election B	allot Accessas a Minor Politic	cal Party	This space fo	
1	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDRESS ONLY:		Office use offi	
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:		
	PHONE#:		ZIP CODE:			
2	PRINT YOUR NAME (last name, first name, in	nitial)	RESIDENCE ADDRESS ON	LY:		
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:		
	PHONE#:		ZIP CODE:			
3	PRINT YOUR NAME (last name, first name, in	nitial)	RESIDENCE ADDRESS ON	LY:		
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:		
	PHONE#:		ZIP CODE:			
4	PRINT YOUR NAME (last name, first name, in	nitial)	RESIDENCE ADDRESS ON	LY:		
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:		
	PHONE#:		ZIP CODE:			
5	PRINT YOUR NAME (last name, first name, in	nitial)	RESIDENCE ADDRESS ONI	LY:		
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:		
	PHONE#:		ZIP CODE:			
6	PRINT YOUR NAME (last name, first name, in	nitial)	RESIDENCE ADDRESS ON	LY:		
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:		
	PHONE#:		ZIP CODE:			
7	PRINT YOUR NAME (last name, first name, in	nitial)	RESIDENCE ADDRESS ON	LY:		
	YOUR SIGNATURE:	DATE:	CITY:	COUNTY:		
	PHONE#:		ZIP CODE:			



## Minor Political Party Ballot Access Petition

PRINT YOUR NAME (last name, first name, initial)

PRINT YOUR NAME (last name, first name, initial)

YOUR SIGNATURE:

PHONE#:

## State of Nevada

COUNTY:

This space for office use only

### Petition to Qualify

For General Election Ballot Accessas a Minor Political Party

CITY:

ZIP CODE:

DATE:

RESIDENCE ADDRESS ONLY:

RESIDENCE ADDRESS ONLY:

		YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	7
			/ /			-
		PHONE#:		ZIP CODE:		
	10	PRINT YOUR NAME (last name, first name, ini	tial)	RESIDENCE ADD	RESS ONLY:	<del>                                     </del>
		YOUR SIGNATURE:	DATE:	CITY:	COUNTY:	7
			1 1			_
		PHONE#:		ZIP CODE:		
			[Place affidavit	t on last page of docun	nent]	
		A	FFIDAVIT	OF CIRCULA	ΓOR	
		(To be completed by the	e person who circ	ulated the petition a	fter all signatures have been obtained)	
SТ	ATE	OF NEVADA )				
C	DUNT	Ý OF)				
	I, at	, (print na	ame), being firs	t duly sworn unde	r penalty of perjury, depose and say:	(1) that I reside
	signat that to	ures were affixed in my presence	; (5) that to the	best of my inform	that I personally circulated this docu action, I believe them to be genuine s d was at the time of signing a regist	signatures; and (6)
,	Subscr	ribed and sworn to or affirmed before	e me this	day	Signature of Circulator	
	of	,, by		·		
	Nota	ary Public or person authorized to ad	minister an oath			
	NRS 29:				D. 00	_
	EL506 (	(rev. 02/00)			PAGE O	F