INSTRUCTIONS FOR PETITION SIGNERS AND CIRCULATORS

1. TO SIGN A PETITION
   1. Read the warning at the top of the page.
   2. To sign a petition, you must be a registered voter in the (insert name of school district) and have not signed any other petition for any other candidate **for the same office**.
   3. No person may sign for another.
   4. The petition circulator may not assist a signer.
   5. If a signer is disabled and needs assistance, a third party should provide that assistance. On the petition, immediately following the name of the disabled elector, the third party providing assistance must sign his or her name and address, and state that assistance was given to the disabled elector.
2. HOW TO SIGN THE PETITION
   1. Print clearly.
   2. A signature line consists of two lines, both of which must be fully completed.
   3. Use black ink, to the extent possible. Do not use ditto marks to provide information on a signature line.
   4. A signer must use the residence address where he or she resides and is registered to vote.
   5. Do not use a post office box. Street name and number must be provided.
   6. For county abbreviations use the first four letters of the county name, except for Montezuma (MONZ) and Montrose (MONT).
   7. The signer must complete all portions of a signature line.
   8. Corrections: If a small correction is made, the signer should initial the change. If a larger correction is required, the signer should **completely** cross out the incorrect information and proceed to use the next two blank lines.
3. TO CIRCULATE A PETITION
   1. Read the warning at the top of each page.
   2. There can only be one circulator for each petition section.
   3. A petition section may not be left on a table unattended or passed among potential signers if the circulator is not accompanying the petition section.
   4. The circulator must witness every signature line as it is written.
   5. Do not take the petition section apart. If the original staples are removed the petition section will not count.
   6. Make sure that all the required information is complete before a signer leaves your presence.
4. WHAT TO DO WHEN THE CIRCULATOR HAS FINISHED COLLECTING SIGNATURES
   1. Every valid signature counts. Signatures on partially completed petition sections may count.
   2. A petition section must be properly notarized. Take the petition to a notary public, who will then notarize the affidavit. Do not sign or date your affidavit before you appear before the notary.
   3. No additional signatures may be collected after the affidavit has been notarized. The notarized petition section should then be immediately returned in person to:

Candidate’s Name:

Candidate’s Mailing Address:

Candidate’s Phone Number:

We, the undersigned eligible electors of the State of Colorado hereby nominate (insert candidate’s name), who resides at (insert street name & number, city/town, zip, county) for the office of School Director of (insert school district) to be voted on at the November 7, 2023 Coordinated Election.

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| --- | --- | --- | --- |
| **1** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
| **2** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
| **3** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
| **4** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
| **5** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
| **6** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
| **7** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
| **8** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
| **9** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
| **10** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |

We, the undersigned eligible electors of the State of Colorado hereby nominate (insert candidate’s name), who resides at (insert street name & number, city/town, zip, county) for the office of School Director of (insert school district) to be voted on at the November 7, 2023 Coordinated Election.

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| **11** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
| **12** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
| **13** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
| **14** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
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| **Printed Name** | **City/Town** | **Date of Signing** |
| **17** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
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| **Printed Name** | **City/Town** | **Date of Signing** |
| **19** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
| **20** | **Signature** | **Residence Address (Street & Number)** | **County** |
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We, the undersigned eligible electors of the State of Colorado hereby nominate (insert candidate’s name), who resides at (insert street name & number, city/town, zip, county) for the office of School Director of (insert school district) to be voted on at the November 7, 2023 Coordinated Election.

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| **Printed Name** | **City/Town** | **Date of Signing** |
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We, the undersigned eligible electors of the State of Colorado hereby nominate (insert candidate’s name), who resides at (insert street name & number, city/town, zip, county) for the office of School Director of (insert school district) to be voted on at the November 7, 2023 Coordinated Election.

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| --- | --- | --- | --- |
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| **Printed Name** | **City/Town** | **Date of Signing** |
| **32** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
| **33** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
| **34** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
| **35** | **Signature** | **Residence Address (Street & Number)** | **County** |
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| **36** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
| **37** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
| **38** | **Signature** | **Residence Address (Street & Number)** | **County** |
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| **39** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |
| **40** | **Signature** | **Residence Address (Street & Number)** | **County** |
| **Printed Name** | **City/Town** | **Date of Signing** |

**AFFIDAVIT OF CIRCULATOR**

**I do solemnly affirm under penalty of perjury that:**

* I have read and understand the laws governing the circulation of petitions;
* I was a citizen of the United States and at least 18 years of age at the time this section of the petition was circulated and signed by the listed electors;
* I circulated this section of the petition;
* Each signature on this petition was affixed in my presence;
* Each signature on this petition is the signature of the person whose name it purports to be;
* To the best of my knowledge and belief each of the persons signing this petition section was, at the time of signing, an eligible elector;
* I have not paid or will not in the future pay and I believe that no other person has paid or will pay, directly or indirectly, any money or other thing of value to any signer for the purpose of inducing or causing such signer to affix his or her signature to the petition;
* I understand that I can be prosecuted for violating the law governing the circulation of petitions, including the requirement that I truthfully completed the affidavit and that each signature thereon was affixed in my presence; and
* I understand that failing to make myself available to be deposed and to provide testimony in the event of a protest shall invalidate this petition section if it is challenged on the grounds of circulator fraud.

**Circulator Name** (please print)

Last Name First Name

**Permanent Residence Address** (or location if homeless)

Street name and number (no P.O. Boxes) City/Town County State Zip Code

**Sign and Date in the Presence of a Notary**

Signature of Circulator Date of Signing

**A notary public must complete the following section:**

STATE OF COLORADO

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and affirmed before me this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Day Month Year Printed name of **Circulator** above

Signature (and Title) of Notary / Official Administering Oath:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[seal]