Petition to Qualify
NEVADA GREEN PARTY

(print name of minor party)

County of ______________________  (Only registered voters of this county may sign below)
Petition District: ________________  (Only registered voters of this petition district may sign below)

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County of ______________________

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6

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

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YOUR SIGNATURE

DATE

CITY

COUNTY

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

RESIDENCE ADDRESS ONLY

YOUR SIGNATURE

DATE

CITY

COUNTY

/ /

Place Affidavit on last page of document.

THE FOLLOWING AFFIDAVIT MUST BE COMPLETED AND SIGNED BY CIRCULATOR:

AFFIDAVIT OF CIRCULATOR

STATE OF NEVADA )

) COUNTY OF ________

I, _____________________, (print name), being first duly sworn under penalty of perjury, depose and say:
(1) that I reside at ______________________________________________________________________________
(print street, city and state); (2) that I am 18 years of age or older; (3) that I personally circulated this document; (4)
that all signatures were affixed in my presence; (5) that the number of signatures affixed thereon is _______________; and (6) that each person who signed had an opportunity before signing to read the full text
of the act or resolution on which the initiative or referendum is demanded.

________________________________
Signature of Circulator

Subscribed and sworn to or affirmed before me this
_______ day of ____________, ______, by ____________________.

________________________________________________________
Notary Public or person authorized to administer oath

Page _____ of _____

EL506
Revised: 7/5/2023