

INSTRUCTIONS ON REVERSE SIDE

# NOMINATING PETITION

(CITY/TOWNSHIP NONPARTISAN)

We, the undersigned, registered and qualified voters of the City of } **DETROIT**, in the County of **WAYNE**, and State of Michigan, nominate

**TOM JOE BARROW**

(Name of Candidate)

**9110 DWIGHT ST**

(Street Address or Rural Route)

**DETROIT,**

**MICHIGAN**

(City or Township)

as a candidate for the office of **MAYOR**, to be voted for at the Primary Election to be held on the **3<sup>rd</sup>** day of **AUGUST**, **2021**.  
(Title of Office) (District, If Any)

**WARNING - A PERSON WHO KNOWINGLY SIGNS MORE PETITIONS FOR THE SAME OFFICE THAN THERE ARE PERSONS TO BE ELECTED TO THE OFFICE, SIGNS A PETITION MORE THAN ONCE, OR SIGNS A NAME OTHER THAN HIS OR HER OWN IS VIOLATING THE PROVISIONS OF THE MICHIGAN ELECTION LAW.**

	SIGNATURE	PRINTED NAME	STREET ADDRESS OR RURAL ROUTE	ZIP CODE	DATE OF SIGNING		
					MONTH	DAY	YEAR
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

### CERTIFICATE OF CIRCULATOR

The undersigned circulator of the above petition asserts that he or she is 18 years of age or older and a United States citizen; that each signature on the petition was signed in his or her presence; that he or she has neither caused nor permitted a person to sign the petition more than once and has no knowledge of a person signing the petition more than once; and that, to his or her best knowledge and belief, each signature is the genuine signature of the person purporting to sign the petition, the person signing the petition was at the time of signing a qualified registered elector of the City or Township listed in the heading of the petition, and the elector was qualified to sign the petition.

If the circulator is not a resident of Michigan, the circulator shall make a cross [X] or checkmark [✓] in the box provided, otherwise each signature on this petition sheet is invalid and the signatures will not be counted by a filing official. By making a cross or checkmark in the box provided, the undersigned circulator asserts that he or she is not a resident of Michigan and agrees to accept the jurisdiction of this state for the purpose of any legal proceeding or hearing that concerns a petition sheet executed by the circulator and agrees that legal process served on the Secretary of State or a designated agent of the Secretary of State has the same effect as if personally served on the circulator.

**WARNING – A CIRCULATOR KNOWINGLY MAKING A FALSE STATEMENT IN THE ABOVE CERTIFICATE, A PERSON NOT A CIRCULATOR WHO SIGNS AS A CIRCULATOR, OR PERSON WHO SIGNS A NAME OTHER THAN HIS OR HER OWN AS CIRCULATOR IS GUILTY OF A MISDEMEANOR.**

### CIRCULATOR - DO NOT SIGN OR DATE CERTIFICATE UNTIL AFTER CIRCULATING PETITION.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signature of Circulator)

\_\_\_\_\_  
(Printed Name of Circulator)

\_\_\_\_\_  
(City or Township Where Registered)

\_\_\_\_\_  
(Complete Residence Address [Street and Number or Rural Route]) - [Do not enter a post office box]

\_\_\_\_\_  
(City or Township, State, Zip Code)

\_\_\_\_\_  
(Co unty of Registration, If Registered to Vote, of a Circulator who is not a Resident of Michigan)