Nomination Petition
2020 General Municipal Election
Town of Yucca Valley

(Elections Code § 100, 104, 10226 and Code of Civil Procedure § 2015.5)

We, the undersigned voters of the _____ TOWN OF YUCCA VALLEY _____ hereby
<div align="center">Name of city</div>

nominate _____ for the office of
<div align="center">Name of candidate</div>

TOWN COUNCIL MEMBER   (District 2) _____ of the city, to be voted for at the
<div align="center">Office</div>

General Municipal Election to be held on November 3, 2020.

PRECINCT (To be entered by Elections Official)	NAME	RESIDENCE	VERIFICATION (To be entered by Elections Official)
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Circulator: Please Complete Affidavit of Circulator below			

AFFIDAVIT OF CIRCULATOR
(To be completed in circulator's own hand)

I,   , solemnly swear (or affirm) all of the following:

        Print name of circulator

1. That I am 18 years of age or older.

2. That my residence address, including street and number, is   .

(If no street or number exists, a designation of my residence adequate to readily ascertain its location is

                            .)

3. That the signatures on this section of the nomination paper were obtained between

                                       Month   Day   Year

and   ; that I circulated the petition and I witnessed the signatures on this section of the

      Month   Day   Year

nomination papers being written; and that, to the best of my information and belief, each signature is the genuine signature of the person whose name it purports to be.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on   at   , California.

        Date

                                      Circulator's Signature

WARNING: Every person acting on behalf of a candidate is guilty of a misdemeanor who deliberately fails to file at the proper time and in the proper place any nomination paper in his or her possession that is entitled to be filed under the provisions of the Elections Code. (Elections Code § 18202)

Official Filing Form	**Filed**	**Examination**	
		Section Number:	
		Raw Count:	
Date:		Total valid signatures:	
By:		Total invalid signatures:	

Examined and certified by me this _____ day of _____ , 20 _____ .

_____
Signature