

**STATE OF OKLAHOMA**  
**PETITION SUPPORTING CANDIDATE OF UNRECOGNIZED POLITICAL PARTY FOR THE OFFICE OF PRESIDENT OF THE UNITED STATES**

\_\_\_\_\_  
 (Name of Candidate)

\_\_\_\_\_  
 (County)

I, the undersigned, certify that I am a registered voter in the State of Oklahoma, in the abovenamed county, and that I support the candidacy of the abovenamed person as a candidate of the \_\_\_\_\_ party, an unrecognized political party in Oklahoma, for President of the United States.

|    | Voter's Signature | Voter's Name (Print) | Voter's Street Address (Print) | City (Print) | ZIP Code | Date Signed |     |      |
|----|-------------------|----------------------|--------------------------------|--------------|----------|-------------|-----|------|
|    |                   |                      |                                |              |          | Month       | Day | Year |
| 1  |                   |                      |                                |              |          |             |     |      |
| 2  |                   |                      |                                |              |          |             |     |      |
| 3  |                   |                      |                                |              |          |             |     |      |
| 4  |                   |                      |                                |              |          |             |     |      |
| 5  |                   |                      |                                |              |          |             |     |      |
| 6  |                   |                      |                                |              |          |             |     |      |
| 7  |                   |                      |                                |              |          |             |     |      |
| 8  |                   |                      |                                |              |          |             |     |      |
| 9  |                   |                      |                                |              |          |             |     |      |
| 10 |                   |                      |                                |              |          |             |     |      |
| 11 |                   |                      |                                |              |          |             |     |      |
| 12 |                   |                      |                                |              |          |             |     |      |
| 13 |                   |                      |                                |              |          |             |     |      |
| 14 |                   |                      |                                |              |          |             |     |      |
| 15 |                   |                      |                                |              |          |             |     |      |

Witnessed by: \_\_\_\_\_  
 (Printed Name of Circulator)

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