SAMPLE

PETITION IN LIEU OF PUBLICATION FEE FOR LOCAL BALLOT ARGUMENT

We, the undersigned registered San Francisco voters, petition the Director of Elections to waive the publication fee for the following Ballot Argument: IN FAVOR OF / AGAINST PROPOSITION _____
(circle one) *(letter or description).*

Insert the EXACT text of the Ballot Argument here, including all signers of the argument.

NOTICE TO THE PUBLIC. THIS PETITION MAY BE CIRCULATED BY A PAID SIGNATURE GATHERER – OR BY A VOLUNTEER. YOU HAVE A RIGHT TO ASK.

Use Pen Only -- PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE -- Use Pen Only

1	Print Name Signature / Date Signed	Residence Address Only City / Zip Code	Official Use Only
2	Print Name Signature / Date Signed	Residence Address Only City / Zip Code	Official Use Only
3	Print Name Signature / Date Signed	Residence Address Only City / Zip Code	Official Use Only
4	Print Name Signature / Date Signed	Residence Address Only City / Zip Code	Official Use Only
5	Print Name Signature / Date Signed	Residence Address Only City / Zip Code	Official Use Only
6	Print Name Signature / Date Signed	Residence Address Only City / Zip Code	Official Use Only
7	Print Name Signature / Date Signed	Residence Address Only City / Zip Code	Official Use Only
8	Print Name Signature / Date Signed	Residence Address Only City / Zip Code	Official Use Only
9	Print Name Signature / Date Signed	Residence Address Only City / Zip Code	Official Use Only
10	Print Name Signature / Date Signed	Residence Address Only City / Zip Code	Official Use Only

AFFIDAVIT OF CIRCULATOR

TO BE ENTERED BY CLERK – AFTER VALIDATION		
Date	# Valid – This Section	By Deputy
/ /		

I, _____, declare that I am and was during all the time while circulating
Print Name of Circulator

this petition section a registered voter of San Francisco. I circulated this petition section and I witnessed each of the appended signatures being written. To the best of my information and belief, each signature is the genuine signature of the person whose name it purports to be. All signatures to this document were obtained between _____, 20___ and _____, 20___.
Month and Day *Year* *Month and Day* *Year*

My residence address is:

_____ _____ _____ (_____) _____.
Print Residence Address of Circulator *City & State* *Zip Code* *Telephone*

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

Executed on: _____ at _____.
Date of Signing *Place of Signing By Circulator*

_____
Signature of Circulator

Revised: 07/31/08