

We, the undersigned, duly registered electors, residents of the County of _____, State of Michigan, residing at the places set opposite our names, respectfully request the Secretary of State, in accordance with Section 685 of the Michigan election law, 1954 PA 116, MCL 168.685, to receive the certificate and vignette accompanying this petition, and place the names of

the candidates of the **SOCIALIST PARTY OF MICHIGAN** on the ballot at the November 6, 2012 election.

WARNING — A PERSON WHO KNOWINGLY SIGNS PETITIONS TO ORGANIZE MORE THAN ONE NEW STATE POLITICAL PARTY, SIGNS A PETITION TO ORGANIZE A NEW STATE POLITICAL PARTY MORE THAN ONCE, OR SIGNS A NAME OTHER THAN HIS OR HER OWN IS VIOLATING THE PROVISIONS OF THE MICHIGAN ELECTION LAW.

INDICATE CITY OR TOWNSHIP IN WHICH REGISTERED TO VOTE	SIGNATURE	PRINTED NAME	STREET ADDRESS OR RURAL ROUTE	ZIP CODE	DATE OF SIGNING		
					Month	Day	Year
City of <input type="checkbox"/> Township of <input type="checkbox"/>		1.					
City of <input type="checkbox"/> Township of <input type="checkbox"/>		2.					
City of <input type="checkbox"/> Township of <input type="checkbox"/>		3.					
City of <input type="checkbox"/> Township of <input type="checkbox"/>		4.					
City of <input type="checkbox"/> Township of <input type="checkbox"/>		5.					
City of <input type="checkbox"/> Township of <input type="checkbox"/>		6.					
City of <input type="checkbox"/> Township of <input type="checkbox"/>		7.					
City of <input type="checkbox"/> Township of <input type="checkbox"/>		8.					
City of <input type="checkbox"/> Township of <input type="checkbox"/>		9.					
City of <input type="checkbox"/> Township of <input type="checkbox"/>		10.					
City of <input type="checkbox"/> Township of <input type="checkbox"/>		11.					
City of <input type="checkbox"/> Township of <input type="checkbox"/>		12.					
City of <input type="checkbox"/> Township of <input type="checkbox"/>		13.					
City of <input type="checkbox"/> Township of <input type="checkbox"/>		14.					
City of <input type="checkbox"/> Township of <input type="checkbox"/>		15.					

CERTIFICATE OF CIRCULATOR

The undersigned circulator of the above petition asserts that he or she is qualified to circulate this petition and that each signature on the petition was signed in his or her presence; 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 indicated preceding the signature, and the elector was qualified to sign the petition.

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

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

_____/_____/_____
(Signature of Circulator) (Date)

(Printed Name of Circulator)

(City or Township Where Registered)

Complete Residence Address (Street and Number or Rural Route) (Zip Code)