

NOMINATION PETITION

FOR Charles J Lollar
(CANDIDATE'S NAME)

AN INDEPENDENT

TO: SECRETARY OF STATE, STATE OF GEORGIA

Each of the undersigned persons does hereby PETITION FOR THE NOMINATION OF

Charles J. Lollar Corporate Executive|President of NAACP|Military Officer|Comm. Activist|
(Candidate's Name) (Profession, business or occupation, if any)

who resides at 8080 Malone Street Douglasville Georgia. 30134,
(Place of residence, with street and number, if any)

an INDEPENDENT candidate for the office of US Representative for Georgia's 13th Congressional District, to be
filled at the 11/03/2020 General Election.
(Date of Election)

Each of the undersigned petitioners hereby declares that he or she is a duly QUALIFIED AND REGISTERED ELECTOR of the State of Georgia entitled to vote in the next election for the filling of the office sought by the candidate supported by this petition.

No person shall sign the same petition more than once.

Different sheets must be used by signers resident in different counties. O.C.G.A. § 21-2-170(d).

(Sign Only Your Own Name) COUNTY OF SIGNERS: Fulton County

(Personal Signature) (Print name under signature)	Date of Birth	Residence Address (Number, Street, and City)	County	Date
1.			Henry County	
2.			Henry County	
3.			Henry County	
4.			Henry County	
5.			Henry County	
6.			Henry County	
7.			Henry County	
8.			Henry County	
9.			Henry County	
10.			Henry County	
11.			Henry County	
12.			Henry County	
13.			Henry County	
14.			Henry County	
15.			Henry County	

CIRCULATOR’S AFFIDAVIT

STATE OF GEORGIA

COUNTY OF Henry County

I, the undersigned, being first duly sworn on oath, do depose and say that I personally circulated the foregoing petition sheet; that I reside at the address appearing below my signature hereon; that each signer manually signed his or her own name on this sheet with full knowledge of the contents of the petition; that each such signature was signed on or after 01/01 , 20 20 , but not later than 7/14 , 20 20 ; and, to the best of my knowledge and belief, that such signers are registered electors of the State of Georgia, qualified to sign such petition, that their respective residences are correctly stated in the petition, and that they all reside in the county named in the caption of this affidavit.

Signature of Circulator

(Print Name of Circulator)

Address of Circulator (Number and Street)

Georgia
(City) (State) (Zip Code)

NOTE: No notary public may sign the petition as an elector or serve as a circulator of any petition which he or she notarized. Any and all sheets of a petition that have the circulator’s affidavit notarized by a notary public who also served as a circulator of one or more sheets of the petition or who signed one of the sheets of the petition as an elector shall be disqualified and rejected. O.C.G.A. § 21-2-170.

Sworn to and subscribed before me this

 day of , 20 .

NOTARY PUBLIC

MY COMMISSION EXPIRES .