

**STATE OF ALASKA SUBSCRIBERS' FORM
NOMINATING PETITION CANDIDATE FOR GOVERNOR**

NAME: _____ OFFICE: **GOVERNOR** POLITICAL GROUP: _____
(Candidate Name) (If no group, write "none")

We the undersigned, pursuant to AS 15.25.180, declare that: we are qualified voters of State of Alaska and we request that the candidate's name be placed on the November ____, 20__ General election ballot.

| | *PRINTED NAME <i>(Print Clearly)</i> | *SIGNATURE | *ALASKA RESIDENCE ADDRESS <i>(i.e. house no. & street name, mile post & road name and AK City)</i> | *Last 4 SSN, Voter#, DOB, AK Driver's License# or AK State ID # | *DATE SIGNED |
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NOTE: Please attach all Subscribers' pages to the "Nominating Petition" form.
 Signers' names will be verified as qualified voters by the Division of Elections. *Voters should complete all columns for verification purposes.