

	SGA	ELECTION PETITION
---	------------	--------------------------

I, _____, am running for the office of _____ Senator. By signing this petition, you are indicating that you feel I am capable of being the Senator for this constituency. You must currently live in _____ to sign this petition.

Number of signatures needed: _____.

Due by Thursday, January 18th at 5:00 p.m. to the SGA Office

	PRINTED NAME	SIGNATURE	ID #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			
41.			
42.			
43.			

44.			
45.			
46.			
47.			
48.			
49.			
50.			
51.			
52.			
53.			
54.			
55.			
56.			
57.			
58.			
59.			
60.			
61.			

62.			
63.			
64.			
65.			
66.			
67.			
68.			
69.			
70.			
71.			
72.			
73.			
74.			
75.			
76.			
77.			
78.			
79.			

