

AFFIDAVIT OF NOMINEE & OATH OR AFFIRMATION OF NOMINEE

AFFIDAVIT OF NOMINEE

State of California }
County of Riverside } ss.

City: Banning
Issued by: SIGNATURE Caroline Patton, Administrative City Clerk
TITLE
Date:

I, \_\_\_\_\_, under penalty of perjury, state that I am a nominee for the office of \_\_\_\_\_

Ward or Councilmanic District \_\_\_\_\_ [ ] Full Term [ ] Short Term

I will accept the office in the event of my election to this office at the election to be held on November 5, 2024

I desire my name to appear on the ballot as follows: \_\_\_\_\_
PRINT OR TYPE YOUR NAME

and I desire the following designation to appear on the ballot under my name:

(Print or type your principal profession(s), vocation(s), or occupation(s), in 3 words or less; or the name of the elective public office you hold or "Incumbent". If you leave this space blank, no designation will appear on the ballot.)

My residence address is as follows:

RESIDENCE ADDRESS: NUMBER, STREET, CITY & ZIP

MAILING ADDRESS, IF DIFFERENT

SIGNATURE OF NOMINEE

( ) DAY TELEPHONE NUMBER ( ) EVENING TELEPHONE NUMBER ( ) FAX

EMAIL ADDRESS: \_\_\_\_\_

OATH OR AFFIRMATION OF NOMINEE

I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

State of California }
County of Riverside } ss.

SIGNATURE OF NOMINEE

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2024

SIGNATURE OF OFFICER ADMINISTERING OATH
Caroline Patton, Administrative City Clerk
TITLE OF OFFICER ADMINISTERING OATH

**PAGE 2 OF 3 — NOMINATION PAPER**

We, the undersigned voters of the City of **Banning**, Ward/District (if applicable) \_\_\_\_\_, hereby nominate \_\_\_\_\_ for the office of \_\_\_\_\_

Full Term  Short Term of said City, to be voted on at the election to be held on **November 5, 2024**  
DATE OF ELECTION

|           | NAME  | RESIDENCE ADDRESS | FOR OFFICE USE |
|-----------|-------|-------------------|----------------|
| <b>1</b>  | SIGN  | NO. & STREET      |                |
|           | PRINT | CITY ZIP          |                |
| <b>2</b>  | SIGN  | NO. & STREET      |                |
|           | PRINT | CITY ZIP          |                |
| <b>3</b>  | SIGN  | NO. & STREET      |                |
|           | PRINT | CITY ZIP          |                |
| <b>4</b>  | SIGN  | NO. & STREET      |                |
|           | PRINT | CITY ZIP          |                |
| <b>5</b>  | SIGN  | NO. & STREET      |                |
|           | PRINT | CITY ZIP          |                |
| <b>6</b>  | SIGN  | NO. & STREET      |                |
|           | PRINT | CITY ZIP          |                |
| <b>7</b>  | SIGN  | NO. & STREET      |                |
|           | PRINT | CITY ZIP          |                |
| <b>8</b>  | SIGN  | NO. & STREET      |                |
|           | PRINT | CITY ZIP          |                |
| <b>9</b>  | SIGN  | NO. & STREET      |                |
|           | PRINT | CITY ZIP          |                |
| <b>10</b> | SIGN  | NO. & STREET      |                |
|           | PRINT | CITY ZIP          |                |
| <b>11</b> | SIGN  | NO. & STREET      |                |
|           | PRINT | CITY ZIP          |                |
| <b>12</b> | SIGN  | NO. & STREET      |                |
|           | PRINT | CITY ZIP          |                |
| <b>13</b> | SIGN  | NO. & STREET      |                |
|           | PRINT | CITY ZIP          |                |
| <b>14</b> | SIGN  | NO. & STREET      |                |
|           | PRINT | CITY ZIP          |                |
| <b>15</b> | SIGN  | NO. & STREET      |                |
|           | PRINT | CITY ZIP          |                |
| <b>16</b> | SIGN  | NO. & STREET      |                |
|           | PRINT | CITY ZIP          |                |
| <b>17</b> | SIGN  | NO. & STREET      |                |
|           | PRINT | CITY ZIP          |                |

**IMPORTANT!** Turn to the reverse side for signatures spaces 18-30 and Affidavit of Circulator, which must be filled out. →

|                        |                                 |
|------------------------|---------------------------------|
| <b>OFFICE USE ONLY</b> | <b>NO. OF VALID SIGNATURES:</b> |
|------------------------|---------------------------------|

|    | NAME  | RESIDENCE ADDRESS | FOR OFFICE USE |
|----|-------|-------------------|----------------|
| 18 | SIGN  | NO. & STREET      |                |
|    | PRINT | CITY ZIP          |                |
| 19 | SIGN  | NO. & STREET      |                |
|    | PRINT | CITY ZIP          |                |
| 20 | SIGN  | NO. & STREET      |                |
|    | PRINT | CITY ZIP          |                |
| 21 | SIGN  | NO. & STREET      |                |
|    | PRINT | CITY ZIP          |                |
| 22 | SIGN  | NO. & STREET      |                |
|    | PRINT | CITY ZIP          |                |
| 23 | SIGN  | NO. & STREET      |                |
|    | PRINT | CITY ZIP          |                |
| 24 | SIGN  | NO. & STREET      |                |
|    | PRINT | CITY ZIP          |                |
| 25 | SIGN  | NO. & STREET      |                |
|    | PRINT | CITY ZIP          |                |
| 26 | SIGN  | NO. & STREET      |                |
|    | PRINT | CITY ZIP          |                |
| 27 | SIGN  | NO. & STREET      |                |
|    | PRINT | CITY ZIP          |                |
| 28 | SIGN  | NO. & STREET      |                |
|    | PRINT | CITY ZIP          |                |
| 29 | SIGN  | NO. & STREET      |                |
|    | PRINT | CITY ZIP          |                |
| 30 | SIGN  | NO. & STREET      |                |
|    | PRINT | CITY ZIP          |                |

State of California } ss. **DECLARATION OF CIRCULATOR (IN CIRCULATOR'S OWN HAND)**  
 County of Riverside }

I, \_\_\_\_\_, solemnly swear (or affirm) all of the following:  
Print Name

1. That I am 18 years of age or older.  
 2. That my residence address, including street and number, is \_\_\_\_\_  
 (If no street or number exists, a designation of my residence adequate to readily ascertain its location is \_\_\_\_\_.)

3. That the signatures on this section of the nomination paper were obtained between \_\_\_\_\_, 2024,  
Month and Day  
 and \_\_\_\_\_, 2024; that I circulated the petition, and I witnessed the signatures on this section of the  
Month and Day  
 nomination paper being written; and that, to the best of my information and belief, each signature is the genuine signature of the person  
 whose name it purports to be.

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

Executed on \_\_\_\_\_, 2024 at \_\_\_\_\_

Signature of Circulator \_\_\_\_\_  
(INCLUDE FIRST, MIDDLE AND LAST NAME)