

**Petition of Candidacy of PETER JAMES
For the Office of PRESIDENT**

In order to Stop God Like Artificial Intelligence from Destroying Humanity

County of _____ }

(Only registered voters of this County may sign below.)

**This space for
office use only**

1	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: _____ / /	CITY: _____ COUNTY: _____	
2	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: _____ / /	CITY: _____ COUNTY: _____	
3	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: _____ / /	CITY: _____ COUNTY: _____	
4	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: _____ / /	CITY: _____ COUNTY: _____	
5	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: _____ / /	CITY: _____ COUNTY: _____	
6	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: _____ / /	CITY: _____ COUNTY: _____	
7	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: _____ / /	CITY: _____ COUNTY: _____	
8	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: _____ / /	CITY: _____ COUNTY: _____	
9	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: _____ / /	CITY: _____ COUNTY: _____	
10	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:	
	YOUR SIGNATURE: _____ DATE: _____ / /	CITY: _____ COUNTY: _____	

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[Place affidavit on last page of document]

AFFIDAVIT OF CIRCULATOR

(To be completed by the person who circulated the petition after all signatures have been obtained)

STATE OF NEVADA)
)
COUNTY OF _____)

I, _____, (print name), being first duly sworn under penalty of perjury, depose and say: (1) that I reside at _____ (print street, city and state); (2) that I am 18 years of age or older; (3) that I personally circulated this document; (4) that all signatures were affixed in my presence; (5) that I believe each person who signed was at the time of signing a registered voter in the county of his or her residence; and (6) that the number of signatures affixed thereon is _____.

Subscribed and sworn to or affirmed before me this _____
day of _____, _____, by _____

Signature of Circulator

Notary Public or person authorized to administer an oath

Prescribed by Secretary of State
NRS 293.200
EL503 (rev. 05/11)