

# The Commonwealth of Massachusetts

DATE and TIME received by Board of Registrars

# STATE PRIMARY NOMINATION PAPER

PARTY

TVDE OD DDINT

Republican

#### INSTRUCTIONS TO ALL CANDIDATES

All candidate information (gray areas) must be filled in on every nomination paper prior to circulation. Residence must include the candidate's street name and number, if any, and the city or town or some clearly identifiable reference to the city or town. Certified signatures on nomination papers without the required information

Contact the Office of Campaign and Political Finance (One Ashburton Place, Room 411, Boston, MA 02108, 617-979-8300) about campaign finance reporting requirements for state offices. Federal candidates contact the Federal Election Commission at 1-800-424-9530.

See the "Candidate's Guide" provided with this nomination paper for the number of signatures required or contact the Elections Division, Office of the Secretary of the Commonwealth.

## DEADLINES FOR ALL OFFICES EXCEPT FEDERAL

Nomination papers must be submitted to the Board of Registrars of Voters or Election Commissioners for the certification of names by 5 p.m., April 28, 2020.

Nomination papers with certified names must be filed with the Secretary of the Commonwealth by 5 p.m., May 26, 2020.

## **DEADLINES FOR FEDERAL OFFICES**

Nomination papers must be submitted to the Board of Registrars of Voters or Election Commissioners for the certification of names by 5 p.m., May 5, 2020.

Nomination papers with certified names must be filed with the Secretary of the Commonwealth by 5 p.m., June 2, 2020.

#### REQUIREMENTS

For the papers to be valid, a candidate must file the following with the Secretary of the Commonwealth, Elections Division, One Ashburton Place, Room 1705, Boston, MA 02108, 617-727-2828 or 1-800-462-8683, by the filing deadline:

- an enrollment certificate (see box to right) signed by at least three registrars and completed on at least ONE nomination paper; and
- the candidate's written acceptance (see opposite, above) on at least ONE paper; and
- for all candidates EXCEPT federal: a receipt from the State Ethics Commission (One Ashburton Place, Room 619, Boston, MA 02108, 617-371-9500) showing that the candidate has filed a statement of financial interest with them

#### CANDIDATE'S STATEMENT OF PUBLIC OFFICE

A candidate may make a statement below, in not more than eight words, of public offices held by the candidate. See the "Candidate's Guide" for definition of "public office."

III LON I MIN	4.			
NAME OF CANDIDATE_	Shiva Ayyad	lurai		
RESIDENCE _	69 Snake Hill Road, Belr			
OFFICE	U.S. Senate			
DISTRICT	Massachuset	ts		

I ACCEPT THE	
NOMINATION	

exact title of district

written signature (sign	on at least one nomination paper)
ENROLLMENT CERTIFICATE	
We certify that	
cano	didate's name
is a registered voter at	ndidate's street address
and has been enrolled in the	adidate's street address
	1 . 1 1 . 1.1 .
Party from February 25, 2020 (for federal	
from March 3, 2020) through the date of	this certificate, or is a
newly registered voter in that party; and t	that the candidate has not
been enrolled in any other party during the	he year preceding the filing
deadine.	
At least three registrars' names must be si	igned or stamped below.
	,
	. 2020
	, 2020
	Danistana - CV-
	Registrars of Voters or Election Commissioners of
	Election Commissioners of
	city or town

## INSTRUCTIONS TO SIGNERS

For your signature to be valid, you must be a registered voter in the city or town named below and your signature should be written substantially as registered. Sign only one nomination paper for each

If you are prevented by physical disability from writing, you may authorize some person to write your name and residence in your presence.

## SIGNERS' STATEMENT

We are qualified voters of the commonwealth and of the district for which the nomination is made; we are either enrolled in the party whose nomination the candidate seeks or not enrolled in any party, and in accordance with the provisions of law, we make the above nomination to be voted for at the primary to be held on

# Tuesday, September 1, 2020

	CHECK	I. SIGNATURE to be made in person with name substantially as registered (except in case of physical disability as stated above)	II. NOW REGISTERED AT (street, number and apartment number, if any) (city or town will be the same as stated below)	WARD	PREC.
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2					
3				N. Martine	

Ci	ity i	or.	lown

CANDIDATE

# Shiva Ayyadurai

ATTENTION REGISTRARS: Before certifying signatures, see instructions to registrars below.

	CHECK	I. SIGNATURE to be made in person with name substantially as registered (except in case of physical disability as stated on other side)	II. NOW REGISTERED AT (street, number and apartment number, if any) (city or town will be the same as stated below)	WARD	PREC.
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# WARNING - criminal penalty for unlawfully signing, altering, defacing, mutilating, destroying or suppressing this petition: fine of up to \$1,000 or imprisonment for up to one year

#### INSTRUCTIONS TO REGISTRARS

REGISTRAR INFORMATION

- You must time-stamp or write in date and time these papers are received.
- Inform the candidate if the district designation is incorrect and allow the candidate to correct it *before certifying names*.
- Fill in and sign the "Enrollment Certificate" on at least one of the candidate's papers if the candidate is registered in your community.
- Each sheet must be certified by at least three registrars. A facsimile stamp is acceptable.
- ${f N}$  no such registered voter at that address, or address is illegible.
- **S** unable to identify signature as that of voter because of form of signature, or signature is illegible.
- D, R, L, J enrolled in another party.
- W wrong district or community.
- T already signed nomination papers for this candidate.

CERTIFICATION OF NAMES	At least three registrars' names must be signed or stamped below.
city or town mon	nd words
above signatures checked thus  are the names of voters from this city or town as well as the district nomination is made.	

City or Town

**ONLY REGISTERED VOTERS OF** 

MAY SIGN THIS SHEET.