



Employer of Paid Signature Gatherer Registration Form

Those who employ paid signature gatherers are required to register with the Secretary of State's Office before collecting signatures.

SECTION 1: SIGNATURE GATHERER EMPLOYER INFORMATION

Name of Employer of Paid Signature Gatherers: _____

Name of Organization or Business (if applicable): _____

Mailing Address City State Zip Code

Phone: _____

Email: _____

SECTION 2: PAID SIGNATURE GATHERER LIST (List all persons employed to gather signatures. Attach additional pages if necessary.)

1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

7) _____ 8) _____ 9) _____

10) _____ 11) _____ 12) _____

SECTION 3: AFFIRMATION AND SIGNATURE

I affirm the foregoing is true and correct under the penalty of law.

Employer Designee Signature

Date