

Petitions Prima Facie



Prima Facie Review



Petitions are presumptively valid if:

- ⌘ Timely filing within political calendar & appearing to bear the required number of signatures
- ⌘ Candidate Name & Residency
- ⌘ Proper number of Candidates for the number of Offices

Prima Facie Review



- ✧ Filed at the correct Board of Elections
- ✧ Name of Elective Office and District

A Bi-Partisan Team should be using the
SBOE Petition Review Work Sheet

Prima Facia Review
is in compliance



Or has Fatal Errors
and is not in
Compliance

Cover Sheet & Binding



- ❧ Cover sheet attached (if over 10 sheets)
- ❧ Sheets of volume fastened securely
- ❧ Name of Party or Independent Body
- ❧ Emblem for Independent Body on each petition sheet
- ❧ Candidate Name and Residence

Cover Sheet & Binding



- ❧ Office and/or District
- ❧ Volume Number(if applicable)
- ❧ Total number of Volumes (Ex: 1 of 4)
- ❧ Sufficient signatures statement completed
- ❧ Identification numbers (as necessary)

Cover Sheet & Binding



- Statement of location in petition with multiple candidates
- Distribution Schedule for Statewide petitions
- Other

Note* Certain cover sheet & binding items may be correctable

PETITION REVIEW WORK SHEET

Reviewed by: _____ & _____ Date: _____

Date Petition Received	Candidate/Office/District	Party	Petition ID #
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PRIMA FACIE REVIEW

ITEM	COMPLIES W/STATUTE	DOES NOT COMPLY W/STATUTE (EXPLAIN)	ITEM	COMPLIES W/STATUTE	DOES NOT COMPLY W/STATUTE (EXPLAIN)
Petition is timely filed			Candidate(s)' residence		
Petition is filed at correct BOB			Office with district		
Petition contains proper number of candidates for the number of offices			Committee to receive notices (OTB petition only)		
Candidate(s) name			Other		

RESULT: Prima Facie Review _____ in compliance _____ not in compliance

COVER SHEET AND BINDING REVIEW

ITEM	COMPLIES W/REGS.	DOES NOT COMPLY W/REGS.(EXPLAIN)	ITEM	COMPLIES W/REGS.	DOES NOT COMPLY W/REGS. (EXPLAIN)
Cover sheet(s) filed			Volume number		
Sheets of volume fastened			Total number of volumes		
Name of party or independent body			Sufficient signature statement		
Emblem for independent body			Distribution schedule for statewide petition		
Candidate(s) name			Identification numbers		
Candidate(s) residence			Statement of location in petition of multiple candidates		
Office and/or district			Other		

RESULT: Cover Sheet & Binding _____ in compliance _____ not in compliance

COVER SHEET/BINDING CORRECTIVE ACTION TAKEN

Date Notice Sent	Date Correction Due:	Date Correction Received:
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Corrected Cover Sheet	Complies	Does not comply
Reviewed by:		Date:

Petition proofed by: _____

Petition scanned by: _____