

Candidate Signature Sheet | Nonpartisan

Petition ID _____

SOME Circulators No Circulators for this petition are being paid.

This is a candidate nominating petition. Signers of this page must be active registered voters in the county listed.

i Signatures must be verified by the appropriate county elections official before the petition can be filed with the filing officer.

County _____

Candidate Information	
Name	Office
Election	District or Position Number (include city if applicable)

To the Elections Official/Filing Officer, We the undersigned voters, request the candidate's name be placed on the ballot at the election listed above for nomination to the office indicated.

! Signers must initial any changes the circulator makes to their printed name, residence address or date they signed the petition.

Signature **Date Signed** mm/dd/yy **Print Name** **Residence or Mailing Address** street, city, zip code

1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____

Circulator Certification This certification **must** be completed by the circulator and additional signatures **should not** be collected on this sheet once the certification has been signed and dated!

I hereby certify that I witnessed the signing of the signature sheet by each individual whose signature appears on the signature sheet, and I believe each person is a voter qualified to sign the petition (ORS 249.061). I also hereby certify that compensation I received, if any, was not based on the number of signatures obtained for this petition.

Circulator Signature	Date Signed mm/dd/yy	Sheet Number
Printed Name of Circulator	Circulator's Address street, city, zip code	Completed by Candidate