

Petition Submission

Candidate, Voters' Pamphlet

SEL 338

rev. 08/18
OAR 165-010-0005, 165-016-0000

→ This form must be completed and filed with any submission of signatures.

| Filing Officer | | |
|--------------------------------|---|-------------------------------|
| <input type="checkbox"/> State | <input type="checkbox"/> County For both county and district petitions. | <input type="checkbox"/> City |

| Election Type | | Year | | | |
|----------------------------------|----------------------------------|---|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General | <input type="checkbox"/> Special Election | <input type="checkbox"/> 2018 | <input type="checkbox"/> 2019 | <input type="checkbox"/> 2020 |

| Petition Information | |
|------------------------------|---|
| Petition ID/Candidate's Name | Type <input type="checkbox"/> Candidate Nominating <input type="checkbox"/> Voters' Pamphlet, Candidate <input type="checkbox"/> Voters' Pamphlet, Measure |

| Type of Filing | Number of Signatures Submitted |
|--|--------------------------------|
| <input type="checkbox"/> Candidate Nominating | |
| <input type="checkbox"/> Voters' Pamphlet, Candidate | |
| <input type="checkbox"/> Voters' Pamphlet, Measure | |

| Candidate's Nominating/Voters' Pamphlet Filing |
|--|
| → By signing this document, I hereby state that all information on the form is true and correct to the best of my knowledge. |

| | | |
|-----------|---------------|---------------|
| Name | Contact Phone | Email Address |
| Signature | | Date Signed |

| Measure Argument Filing |
|--|
| → By signing this document, I hereby state that all information on the form is true and correct to the best of my knowledge. |

| | | |
|-----------|---------------|---------------|
| Name | Contact Phone | Email Address |
| Signature | | Date Signed |

| For office use only | |
|--|---|
| Submittal number | Number of signatures accepted |
| Is the petition complete? <input type="checkbox"/> Yes <input type="checkbox"/> No | Will there be additional submittals? <input type="checkbox"/> Yes <input type="checkbox"/> No |