

Candidate Signature Sheet | Nonpartisan

Petition ID _____

Signatures for this petition are being gathered by PAID Circulators VOLUNTEER Circulators

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. Candidates should allow ample time for the verification process to be completed before 5pm on the filing deadline day.

County _____

Candidate Information	
Name	Office
Election	District or Position Number

To the Secretary of State of Oregon/County Elections Official/City Recorder, 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.

i 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
		Sheet will be numbered by group submitting the petition.

Printed Name of Circulator	Circulator's Address street, city, zip code
----------------------------	---