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.

ⓘ 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** Completed by Candidate

_____

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

County Elections Officials provide a separate certification to attach to the petition.

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