Petition for Nonpartisan Nomination Sig	gnature Sheet	Petition ID	
One or More O No Petition circulators will be paid (mark one) This is a candidate nominating petition. Signers of this page must be active registered voters in the following county:			
Candidate's Name Office		District or Position Number if applicable	
To the Secretary of State of Oregon/County Elections Official/City Recorder, We, the undersigned voters, request the candidate's name printed above, for nomination to the office indicated, be placed upon the appropriate ballot at the next			
→ Signers must initial any changes that they or the circulator makes to their printed name, residence address or date they signed the petition			
Signature Date Signed mm/dd/yy Print	t Name Re	sidence or Mailing Address street, city, zip code	Precinct # optional
1			
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Circulator Certification This certification must be signed by the circulation	tor!		
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 individual is an elector qualified to sign the petition. (ORS 249.061) I also certify that compensation I received, if any, was not based on the number of signatures obtained for this petition. Warning! Falsely signing this statement may result in conviction of a felony with a fine of up to \$125,000 and/or prison for up to 5 years. (ORS 260.715)			
Circulator Signature		Date Signed mm/dd/yy	
Printed Name of Circulator		Circulator's Address street, city, zip code	
County Elections Official Certification			
I hereby certify signatures on this petition are those of activ	e registered voters in	County, Oregon.	
Signature of County Elections Official		Date Certified mm/dd/yy	Sheet Number

Secretary of State Elections Division | 255 Capitol St. NE, Suite 501, Salem, OR 97310 | p. 503.986.1518 | f. 503.373.7414 | www.oregonvotes.org