

Candidate Signature Sheet | Major Party

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
Party	District or Position Number

To the Elections Official/Filing Officer, We the undersigned voters, as residents of the district and as members of the party listed above, request the candidate's name be placed on the ballot at the next primary election following the filing of this petition 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	Precinct # if known
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