

Candidate Information	
Name	Office
Party	District or Position Number

To the Elections Official/Filing Officer, We the undersigned voters, 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.

**i** Signers must initial any changes the circulator makes to their printed name, residence address or date they signed the petition.  
It is against the law for signers to sign another person’s name under any circumstances, sign a petition more than one time, and sign a petition when not qualified to sign it.

Signature	Date Signed	mm/dd/yy	Print Name	Residence or Mailing Address	street, city, zip code	Precinct #	if known
1							
2							
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**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	