

Chief Sponsor Petition for Nonaffiliated Nomination Signature Sheet

Petition ID _____

One or More **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: _____

Note to Candidate: Petition signatures must be verified before the petition can be filed with the filing officer.
Submit the petition in ample time for the process to be completed before 5pm on the filing deadline day.

Candidate's Name	Office	District or Position Number if applicable
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To the Secretary of State of Oregon/County Elections Official, 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 _____ election following the filing of this petition.

→ 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 Name	Residence or Mailing Address street, city, zip code
1			
2			
3			
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10			

Circulator Certification This certification **must** be signed by the circulator!

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 registered in the electoral district. (ORS 249.740) 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 active registered voters in _____ County, Oregon.

Signature of County Elections Official	Date Certified mm/dd/yy	Sheet Number
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