

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.

i Signatures must be verified by the appropriate county elections official before the petition can be filed with the filing officer.

County CLACKAMAS

Candidate Information	
Name	Office <u>CITY COUNCILOR</u>
Election <u>NOVEMBER 3, 2026</u>	District or Position Number (include city if applicable) <u>CITY OF MDLALLA</u>

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			
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SAMPLE
DO NOT USE

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.

DO NOT SIGN UNTIL
VERIFIED BY ELECTIONS OFFICER

Circulator Signature	Date Signed mm/dd/yy	Sheet Number
Printed Name of Circulator	Circulator's Address street, city, zip code	Completed by Candidate