

Candidate Signature Sheet | Assembly of Electors

Petition ID _____

Signatures for this petition are being gathered by PAID Circulators VOLUNTEER Circulators

These are the minutes of the assembly. 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. The presiding officer should allow ample time for the verification process to be completed before 5pm on the filing deadline day.

County _____

Assembly Information and Committee Designation

Candidate Name	Office	District or Position Number
Election	Date and Place of Assembly	Presiding Officer
Committee Member name and address		Committee Member name and address

To the Secretary of State of Oregon/County Elections Official/City Recorder, We, the undersigned members of the Assembly of Electors, request the candidate's name be placed on the ballot at the election listed above for nomination to the office indicated. If provided, we delegate to committee members the authority to fill vacancies in nomination.

i 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			
2			
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Circulator Certification This certification **must** be completed by the circulator at the conclusion of the assembly and additional signatures **must not** be collected!

I 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 _____