

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 Mayor -or- Councilor

Election November 5, 2024 District or Position Number (include city if applicable) _____

City of Molalla

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.

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 _____
- 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 _____
Completed by _____
Candidate _____

Printed Name of Circulator _____ Circulator's Address street, city, zip code _____