Petition Submission

For office use only **Submittal number**

Candidate, Voters' Pamphlet

OAR 165-010-0005, 165-016-0000

☐ No

Yes

☐ No

Election Type			Year		
Primary	General	Special Election	<u>2022</u>	2023	<u>2024</u>
etition Informa	ation				
etition ID/Candid	date's Name				
Type of Filing			Number of Sig	gnatures Submitted	
Candidate Non	ninating		l		
☐ Voters' Pamph	llet, Candidate				
☐ Voters' Pamph	let, Measure				
	ninating/Voters' Par				
→ By signing this do	cument, I hereby state th	nat all information on the forn	n is true and correct	t to the best of my knowled	dge.
Name		Contact Phone		Email Address	
Signature				Date Signed	
Measure Argume	ent Filing				
→ By signing this do	cument, I hereby state th	at all information on the form	is true and correct	t to the best of my knowled	lge.
Name	Contact Phone			Email Address	
Signature				Date Signed	

Number of signatures accepted

Will there be additional submittals?