

Petition for Candidate Statement Signature Sheet

ⓘ It is unlawful to sign a petition more than one time.

This is a candidate statement petition. Signers of this page must be active registered voters in the following county:

Candidate Name Ed DeCoste Filing for the office of: State Representative OR House District 31 Party Affiliation Republican
include district, position or department number

To the Secretary of State of Oregon, We, the undersigned voters, request the attached statement for Ed DeCoste

candidate name

to be printed in the State Voter's Pamphlet for the: Primary General Special Election

I have read and agree with this statement. I have not previously signed a petition sheet for this candidate statement petition.

Signature* _____ **Date Signed*** mm/dd/yy **Print Name*** _____ **Residence Address** street, city, zip code

- 1** _____
- 2** _____
- 3** _____
- 4** _____
- 5** _____
- 6** _____
- 7** _____
- 8** _____
- 9** _____
- 10** _____

*Signature must only be completed by the signer. Circulators may not complete, change or obscure the signer's signature, date signed, printed name or address information, unless the signer initials the change. An exception is allowed for a circulator to complete or change information (other than the signature) if requested to do so by a disabled signer.

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 qualified to sign the petition. **Warning!** Supplying false information on this form 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 the following county: _____

Signature of County Elections Official _____ **Date Signed** mm/dd/yy