

Candidate Signature Sheet - Nonpartisan

Petition ID **PDX 7**

Petition circulators will be paid: ☐ Yes ☒ No (Mark one)

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

Note to Candidate: Petition signatures must be verified before the petition can be filed with the filing officer. Submit the petition in ample time for the process to be completed before 5pm on the filing deadline day.

Candidate's Name

Sharon Yvette Maxwell

Office

Commissioner Position #2

District or Position Number

City of Portland

To the Appropriate Filing Officer. We, the undersigned voters, request the candidate's name printed above, for nomination to the office indicated, be placed upon the appropriate ballot at the next *Primary* election following the filing of this petition.

→ Signers must initial any changes that they or 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 **Precinct #** optional

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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. (ORS 249.061) I also certify that compensation I received, if any, was not based on the number of signatures obtained for this petition. **Warning!** Falsely signing this statement 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 _____ County, Oregon.

Signature of County Elections Official

Date Certified mm/dd/yy

Sheet Number

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Candidate's Name Sharon Yvette Maxwell Office Commissioner District or Position Number if applicable #2 City of Portland

To the Appropriate Filing Officer, We, the undersigned voters, request the candidate's name printed above, for nomination to the office indicated, be placed upon the appropriate ballot at the next Primary election following the filing of this petition.

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Signature	Date Signed mm/dd/yy	Print Name	Residence or Mailing Address street, city, zip code	Precinct # optional
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Circulator Signature

Date Signed mm/dd/yy

Printed Name of Circulator

Circulator's Address street, city, zip code

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Candidate's Name

Office

Sharon Yvette Maxwell Commissioner Position #2 City of Portland

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to the office indicated, be placed upon the appropriate ballot at the next Primary election following the filing of this petition.

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Date Signed mm/dd/yy

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