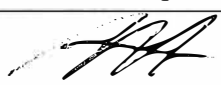


# City-County Consolidation Petition

## Petitioner Information | Multnomah County

| Petitioner Information                                                                         |                                 |
|------------------------------------------------------------------------------------------------|---------------------------------|
| Name<br>Mattt Zmuda                                                                            | Contact Phone<br>(503) 317-8263 |
| Residence Address<br>1728 NW Hoyt St. Portland OR 97209                                        |                                 |
| Mailing Address (if different)                                                                 |                                 |
| Email Address<br>mattt@multnomo.org                                                            |                                 |
| Signature<br> | Date Signed<br>1/21/2026        |

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| Additional Contact Person(s) (optional) |               |
|-----------------------------------------|---------------|
| Name                                    | Contact Phone |
| Mailing Address                         |               |
| Email Address                           |               |
| Name                                    | Contact Phone |
| Mailing Address                         |               |
| Email Address                           |               |

| Petition Correspondence                                                                     |                               |
|---------------------------------------------------------------------------------------------|-------------------------------|
| Select preferred method of receiving notices or other correspondence from the Filing Office |                               |
| <input checked="checked" type="checkbox"/> Email                                            | <input type="checkbox"/> Mail |

CITY-COUNTY CONSOLIDATION

Petition ID MULTICOUNTY-01

▲ It is against the law to sign a petition more than one time. Signers must be active registered voters of Multnomah County or the City of Portland at the time of signing.

To the County Clerk of Multnomah County:

We, the undersigned electors, hereby initiate proceedings for consolidating Multnomah County, the City of Portland, and whatever other cities in the County desire to join in the consolidation. We request that a charter commission be appointed, a charter be prepared, and an election on the consolidation be held, all under the City-County Act of 1971.

Ⓢ Initial any changes the circulator makes to your printed name, residence address, or date you signed the petition.

| Signature | Date Signed mm/dd/yyyy | Print Name | Residence or Mailing Address street, city, zip code |
|-----------|------------------------|------------|-----------------------------------------------------|
| 1         |                        |            |                                                     |
| 2         |                        |            |                                                     |
| 3         |                        |            |                                                     |
| 4         |                        |            |                                                     |
| 5         |                        |            |                                                     |
| 6         |                        |            |                                                     |
| 7         |                        |            |                                                     |
| 8         |                        |            |                                                     |
| 9         |                        |            |                                                     |
| 10        |                        |            |                                                     |

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Circulator Certification: This certification must be completed by the circulator. 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.

|                            |                                               |                               |
|----------------------------|-----------------------------------------------|-------------------------------|
| Circulator's Signature     | Date Signed mm/dd/yyyy                        | Sheet Number                  |
| Printed Name of Circulator | Circulator's Address (street, city, zip code) | Completed by chief petitioner |