

Prospective Petition

Local Initiative and Referendum

SEL 370

Form 01/16 OAS 259 043,
250 105, 250 265, 255 115

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. Each chief petitioner is required to provide, on the same form, their name, residence address, a contact phone number and a signature attesting that the information on the form is true and correct. Changes to the information provided for a chief petitioner or to the circulator pay status below must be reported to the Elections Division no later than the 10th day after you first have knowledge or should have had knowledge of the change.

Petition Information	Type		
This filing is an	<input type="checkbox"/> Original	<input checked="" type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Initiative <input type="checkbox"/> Referendum

Jurisdiction	Some Circulators may be Paid		
<input checked="" type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> District	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Title Subject or name you give your petition.
Multnomah Children's Health & Education Act

Website If applicable

Petition Correspondence Select the method of receiving notices or other correspondence from the Filing Officer.

Correspondence Recipient Email Chief Petitioners Mail Chief Petitioners

Recipient Information

Name Terri Steenbergen	Email Address terriks113@gmail.com
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Chief Petitioner Information At least one original chief petitioner must remain throughout the petition process or the petition is void.
 → By signing this document, I hereby state that all information on the form is true and correct and attest that no circulators will be compensated money or other valuable consideration on this petition based on the number of signatures obtained by the circulator.

Name Robert Quintos	Contact Phone 503-329-4536
Residence Address street, city, state, zip 0930 SW Powers Ct., Portland, OR 97219	
Mailing Address if different	Email Address robert.quintos@providence.org
Signature 	Date Signed 6/13/17

Name Amanda Cort	Contact Phone 206-370-2714
Residence Address street, city, state, zip 3536 SE Clinton St., Portland, OR 97202	
Mailing Address if different	Email Address amandacort@gmail.com
Signature 	Date Signed 6/12/17

Name	Contact Phone
Residence Address street, city, state, zip	
Mailing Address if different	Email Address
Signature	Date Signed

RECEIVED
 17 JUN 13 PM 3:18
 TIM SCOTT
 DIRECTOR OF ELECTIONS