

Prospective Petition

Local Initiative and Referendum

SEL 370

rev 01/16 ORS 250.045,
250.165, 250.265, 255.135

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.

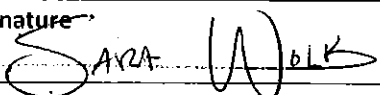
Petition Information		Type	
This filing is an	<input type="checkbox"/> Original	<input checked="" type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Initiative <input type="checkbox"/> Referendum
Jurisdiction		Some Circulators may be Paid	
<input checked="" type="checkbox"/> County	<input type="checkbox"/> City	<input type="checkbox"/> District	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

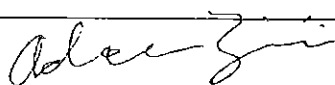
Title Subject or name you give your petition. STAR Voting for Multnomah County	DIRECTOR OF ELECTIONS TIM SPITZ 17 DEC 12 PM 4:27 RECEIVED
Website if applicable www.equal.vote	

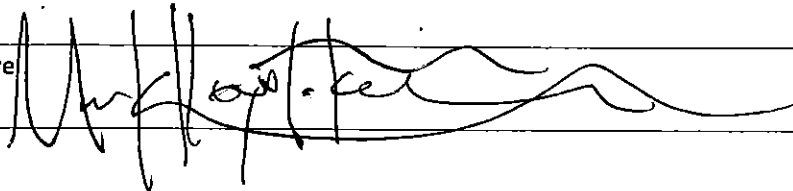
Petition Correspondence Select the method of receiving notices or other correspondence from the Filing Officer.		
<input type="checkbox"/> Correspondence Recipient	<input checked="" type="checkbox"/> Email Chief Petitioners	<input checked="" type="checkbox"/> Mail Chief Petitioners

Recipient Information	
Name Sara Wolk	Email Address sara@equal.vote

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 Sara Wolk	Contact Phone 971-222-9364
Residence Address street, city, state, zip 2549 NE 19th Ave. Portland OR 97212	
Mailing Address if different	Email Address sara@equal.vote
Signature 	Date Signed 11/12/2017

Name Adam Zielinski	Contact Phone 503-970-0879
Residence Address street, city, state, zip 6488 SW Capitol Hwy, Portland OR 97239	
Mailing Address if different	Email Address adam@equal.vote
Signature 	Date Signed 12/12/2017

Name Mark Lakeman	Contact Phone 503-381-5885
Residence Address street, city, state, zip 8512 SE 82nd, Portland, OR 97202	
Mailing Address if different	Email Address moontrout@gmail.com
Signature 	Date Signed 11-11-2017