## **Prospective Petition**

## **Local Initiative and Referendum**

**SEL 370** 

rev 01/18 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 two 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 1117 Std.	JH   <u>11. 311</u> , 6	
This filing is an Original		Initiative	Ref	ferendum
Jurisdiction		Some Circulators n	nay be Paid	₩ N
County City	District	⊠ Yes	☐ No	
Title Subject or name you give your petition.	UNIVERSAL	PRESCHOOL	NOW!	<b>100000</b>
Website if applicable	upnow2020	org .		<b>A 1 1 1 1 1 1 1 1 1 1</b>
Petition Correspondence Select the method of receiving notices or other correspondence from the Filing Officer.				
Correspondence Recipient	Email Chief Petit	ioners	Mail Chief Peti	tioners
Recipient Information	······	· · · · · · · · · · · · · · · · · · ·		
MARGARET OLNE	Y	Email Address Margaret (	abennett b	art man. com
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 SAHAR YARJANI	MURANOVIC	7	Contact Phone 773.680	9 4899
Residence Address street, city, state, zip 2170 SE 96TH AVE. APT F, PORTLAND, OR 97216				
Mailing Address if different	,		Sahar Ond	woregon.org
Signature and			Date Signed 03	/16/2020
Name SUZANNE COH	EN		Contact Phone 503 234	+ 0267
Residence Address street, city, state, zip 6200 NE 36TH AVE. PORTLAND, OR 97211				
Mailing Address if different	1021	112,02 11	Email Address	vina Qyahov. com
Signature			Date Signed	2020
Name WILL LAYNG			Contact Phone 503 230	7 8601
Residence Address street, city, state, zip  3606 NE GRAND AVE. PORTLAND, OR 97212				
Mailing Address if different			Email Address	jpdx.org
Signature WW 2			Date Signed 3/16/20	20