MULTNOMAH COUNTY

TIM SCOTT DIRECTOR OF ELECTIONS



ELECTIONS DIVISION

1040 SE MORRISON ST PORTLAND, OR 97214 (503) 988-3720 WW.MCELECTIONS.ORG

PETITION RECEIPT

JUL -6 2020 Date $\frac{7/6}{20}$ Submitted by En.1/ Phone Number 503806 9298 Type of Petition Initiative Petition Title of Petition MultCoInit-08 Picked up by _____ (Signature) Date picked up

Make a copy of this form for petition submitter

Petition Submission

SEL 339

Initiative, Referendum, Recall, Political Party Formation

rev. 01/18 OAR 165-010-0005, 165-014-0005

- → This form must be completed and filed with any submission of signatures.
- → Each submission of signature sheets must be mailed or personally delivered by at least one chief petitioner, the chief sponsor or an authorized agent.
- → When the submission completes the petition all chief petitioners must sign the same form.
- → State Initiative Petition Only one chief petitioner or authorized agent is required to sign this form for a sponsorship or monthly submission.

Filing Officer		
State County For both county and district petitions.		
Type of Petition		
X Initiative Referendum	Recall Politica	Party Formation
Petition Information		
Petition Title or Number MULTCOINIT-08 "UNIVERSAL PRESCHOOL NOW"		
Type of Filing Number of Signatures Submitted		
Sponsorship Submission State Initiative Petition		
Monthly Submission State Initiative Petition		
Other Submission State Initiative Petition	- 1	<u>۔</u> ای
☑ Completed Petition Submission	32,356	
Authorized Agent Certification An authorized agent is prohibited from completing the petition.		
→ By signing this document, I hereby state that all information on the form is true and correct to the best of my knowledge. While the petition sheets were circulated, the text of the petition was incorporated or attached as required by OAR 165-014-0030 (9) (a).		
Name Contact Phone 503-801	59298 Email Address upnowmult	co Domail con
Signature	Date Signed 6 / 6 / 2 (
Chief Petitioner or Chief Sponsor Certification To complete a petition all chief petitioners must sign the same form.		
→ By signing this document, I hereby state that all information on the form is true and correct to the best of my knowledge and if marked completed petition I understand the petition cannot be withdrawn and request that the appropriate elections official conduct signature verification. Additionally if the petition is an initiative or referendum I attest that no circulators were compensated money or other valuable consideration based on the number of signatures obtained by the circulator While the petition sheets were circulated, the text of the petition was incorporated or attached as required by OAR 165-014-0030 (9) (a).		
Name Will Layny Contact Phone 503-239.8	Email Address Will Chalpax	'.org
Signature J	Date Signed July 6, 202	20
Name Solver Muranovic Contact Phone 773 68	5 4899 Email Address Salvar @ no	moregon org
Signature	Date Signed 07/(x6/2020
Name Syyanne When 503-234	0267 Email Address Sulanne davina	Qyahoo.com
Signature Bell	Date Signed	