

# 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.

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

<b>Jurisdiction</b>	<b>Some Circulators may be Paid</b>		
<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  
 healthykidsmultnomah.org

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

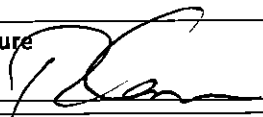
Correspondence Recipient  Email Chief Petitioners  Mail Chief Petitioners


**Recipient Information**

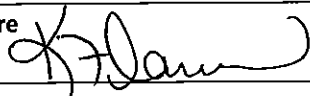
Name	Email Address
Terri Steenbergen	terri@healthykidsmultnomah.org

**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.

<b>Name</b> Robert Quintos	<b>Contact Phone</b> 503-329-4536
<b>Residence Address</b> street, city, state, zip 0930 SW Powers Ct. Portland, OR 97219	
<b>Mailing Address</b> if different	<b>Email Address</b> robert.quintos@providence.org
<b>Signature</b> 	<b>Date Signed</b> 5/25/2017

<b>Name</b> Amanda Cort	<b>Contact Phone</b> 206-370-2714
<b>Residence Address</b> street, city, state, zip 3536 SE Clinton Street, Portland, OR 97202	
<b>Mailing Address</b> if different	<b>Email Address</b> amandacort@gmail.com
<b>Signature</b> 	<b>Date Signed</b> 5/23/17

<b>Name</b> Kendra Flann	<b>Contact Phone</b> 480-620-2602
<b>Residence Address</b> street, city, state, zip 17680 SW Gingko Ct, Sherwood, OR 97140	
<b>Mailing Address</b> if different	<b>Email Address</b> kendraflann@gmail.com
<b>Signature</b> 	<b>Date Signed</b> 6-8-17

RECEIVED  
 17 JUN -8 2:41:30  
 DIRECTOR OF ELECTIONS  
 TIM SCOTT

# Agent Authorization

**SEL 307**

rev 01/16  
ORS 250.052

## Filing Information

- This form may be used by chief petitioners of an initiative or referendum, the chief petitioner of a recall or the chief sponsor of a political party formation. It will allow anyone named by all current chief petitioners or the chief sponsor to act on their behalf in matters regarding the petition process.
- Once listed an agent will remain authorized until the petition is withdrawn or expires or their authorization is terminated.
- To notify the filing officer of additional or terminated authorized agents, submit this form, completed in its entirety and signed by all current chief petitioners or the chief sponsor.

This filing is an:  Original  Amendment List agents below  Termination Identify Agent below

## Petition Information

### Type

Petition Title or Number

Multnomah Children's Health & Education Act

Initiative

Referendum

Recall

Political Party Formation

## Authorized Agent Information

Name Terri Steenberg	Contact Phone 503-708-9724	Email Address terri@healthykidsmultnomah.org
Name Thomas Browne	Contact Phone 971-319-5561	Email Address tom@healthykidsmultnomah.org
Name	Contact Phone	Email Address
Name	Contact Phone	Email Address
Name	Contact Phone	Email Address

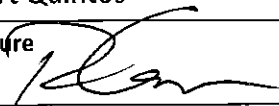
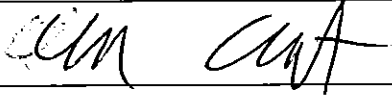
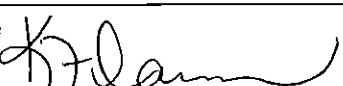
RECEIVED  
 17 JUN -8 PM 1:30  
 TIM SCOTT  
 DIRECTOR OF ELECTIONS

## Terminations

Name	Name
Name	Name

## Chief Petitioner/ Sponsor Information All chief petitioners must sign the same form.

→ By signing this document, I hereby state that the above named individuals are authorized to act on my behalf.

Name Robert Quintos	Contact Phone 503-329-4536	Email Address robert.quintos@providence.org
Signature 	Date Signed 5/25/2017	
Name Amanda Cort	Contact Phone 206-370-2714	Email Address amandacort@gmail.com
Signature 	Date Signed 5/23/17	
Name Kendra Flann	Contact Phone 480-620-2602	Email Address kendraflann@gmail.com
Signature 	Date Signed 6-8-17	