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| **State Prospective Initiative Petition Signature Sheet1.jpg** | | | | | | | | | **Petition ID** | | **6** | |
| info.bmpIf this signature sheet is on white paper the circulator is a volunteer and is not being paid to gather signatures. | | | | | | | | | | | **November 5, 2024** | |
| **SOME circulators** | | **NO circulators** | | **for this petition are being paid.** | | | | | | | **General Election**  **SPONSORSHIP** | |
| **To the Secretary of State of Oregon:** I am an active Oregon voter and request the text of this prospective initiative petition be forwarded to the Attorney General for | | | | | | | | | | | | |
| preparation of a ballot title. **A full and correct copy of the text was** | | | | | available for review on the reverse side of this sheet | | | attached to this sheet. | | | | |
|  | alert.bmpIt is against the law to sign a petition more than one time. Do not sign if you have previously signed a signature sheet for this petition or if the text was not made available for your review as indicated above. Initial any changes the circulator makes to your printed name, residence address or date you signed the petition. | | | | | | | | | | | |
|  | **Signature** | | **Date Signed** mm/dd/yy | | | **Print Name** | **Residence or Mailing Address** street, city, zip code | | | | | |
| **1** |  | | | | | | | | | | | |
| **2** |  | | | | | | | | | | | |
| **3** |  | | | | | | | | | | | |
| **4** |  | | | | | | | | | | | |
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| **6** |  | | | | | | | | | | | |
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| **8** |  | | | | | | | | | | | |
| **9** |  | | | | | | | | | | | |
| **10** |  | | | | | | | | | | | |
| **Circulator Certification** This certification **must** be completed by the circulator and additional signatures **should not** be collected on this sheet once the certification has been signed and dated! | | | | | | | | | | | | |
| I hereby certify that I witnessed the signing of the signature sheet by each individual whose signature appears on the signature sheet, and I believe each person is a voter qualified to sign the petition (ORS 250.045). I also hereby certify that compensation I received, if any, was not based on the number of signatures obtained for this petition. | | | | | | | | | | | | |
|  | | | | | | | | | |  | |  |
| **Circulator Signature** | | | | | | **Date Signed** mm/dd/yy Initial any change you make to the date signed. | | | |  | |  |
|  | | | | | |  | | | |  | |  |
| **Printed Name of Circulator** | | | | | | **Circulator’s Address** street, city, zip code | | | |  | | **Sheet Number** |
|  | | | | | |  | | | |  | | Completed by Chief Petitioner |