Electronic Signature Sheet | State Referendum

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) Petition ID

303

November 8, 2022, General Election Unless changed by Legislative Act

Completed by Chief Petitioner

(i) Print on white paper which indicates you are not a paid circulator.

SOME circulators NO circulators for this petition are being paid.

Requires ballots returned by mail to have postal indicator showing ballot was mailed not later than date of election and be received by county clerk not later than seven days after date of election.

Provides that mailed ballots with no postal indicator present or legible are considered challenged ballots that may be counted only if elector provides evidence sufficient to prove ballot was mailed no later than by date of election, which may include completing certified statement.

Moves quarterly election date from third Tuesday in September to fourth Tuesday in August. [Allows county clerks to open and begin counting ballot upon receipt.]
Applies to elections held on or after January 1, 2022.

This petition seeks to refer House Bill 3291 (2021). A full and correct copy of the bill must be provided with this e-sheet.

Chief Petitioners

Janice DysingerCheryl R. Bowen32235 SE Pipeline Road16587 NE Hoyt TerraceGresham, OR 97080Portland, OR 97230

Warning! It is against the law for you to sign another person's name under any circumstances, sign a petition more than one time or sign a petition when you are not qualified to sign it.

Instructions Only sign this petition if you are an active registered voter in Oregon and you personally printed this sheet or requested someone else print it for you.

- 1 You must sign both the request for the petition to be placed on the ballot and the certification.
- **2** Sign your name, as you did when you registered to vote.
- 3 Fill in the date, print your name and residence address. Only you may complete this optional information.

Request | request this petition be placed on the ballot for approval or rejection by the voters.

Signature Date Signed mm/dd/yy

Certification | certify that | personally printed a copy of this sheet or requested a separate person print a copy so that | may sign it.

Signature Date Signed mm/dd/yy

Print Name Residence Address street, city, zip code Sheet Number