Prospective Petition

State Initiative and Referendum

SEL 310

rev. 01/26
ORS 250.045

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, contact phone number and 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 must be reported to the Elections Division no later than the 10th day after a chief petitioner first has knowledge or should have had knowledge of the change. At least one original chief petitioner must remain throughout the petition process or the petition is void.

Petition Information **General Election Date** 1st Tuesday after 1st Monday, November of:

This filing is an ☐ Original ☐ Amendment ☐ 2026 ☐ 2028 ☐ 2030 ☐ 2032

Title

Some Circulators may be Paid **Type**

☐ Yes ☐ No ☐ Statutory ☐ Constitutional ☐ Referendum

Petition Correspondence Select the method(s) of receiving notices or other correspondence from the Elections Division.

☐ Correspondence Recipient ☐ Email Chief Petitioners ☐ Mail Chief Petitioners

Recipient Information

Name | **Email Address**

Chief Petitioner Information Only chief petitioner's residential city and state will appear on petition sheets.

→ 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 | **Contact Phone**

Residence Address street, city, state, zip

Mailing Address if different | **Email Address**

Signature | **Date Signed**

Name | **Contact Phone**

Residence Address street, city, state, zip

Mailing Address if different | **Email Address**

Signature | **Date Signed**

Name | **Contact Phone**

Residence Address street, city, state, zip

Mailing Address if different | **Email Address**

Signature | **Date Signed**

Return Methods: email, fax, or mail