ASHLAND

June 19, 2018

Michael Gardiner 349 Orange Avenue Ashland OR 97520

A prospective petition has been completed and filed with the City Recorder's Office for Parks Commissioner Position #3

Petition ID PC2018-03 has been approved for circulation to obtain the required 25 signatures for this position. Deadline to submit petitions to the Election Officer is August 16, 2018.

Melissa Huhtala City Recorder







Candidate Filing

Major Political Party or Nonpartisan

RECEIVED JUN 19 2018

SEL 101

rev 01/18 ORS 249.031

Filing Dates		Candidate Fili	ing	State Vote	rs' Pamphlet	Candidate Wit	hdrawal
Primary Election May 15, 2018		September 7, 2 March 06, 2018		January 15, March 8, 20		March 9, 2018	
General Election November 6, 2018		May 30, 2018 August 28, 201	8	July 9, 2018 August 28, 2	2018	August 31, 2018	
Filing Information							
This filing is an	✓ Orig	inal		Amendn	nent		
Filing Officer	Secr	etary of State		County 6	Elections Official	X City Recorde	er (Auditor)
Office Information							
Filing for Office of:	Ashlano	d Park	s è Re	creati	on Commi	SSIONER	Position
District, Position or Co						/	
Party Affiliation:	⊠ Democratio	Party	Republic	an Party	Independent Pa	arty Nonp	artisan
Incumbent Judge (for	judicial candidates o	nly):	Yes		No	Nond	isclosure on file
Filing Method							
Fee							
United States President United States Vice President United States Senator United States Represent Statewide Offices State senator or Represe Circuit Court Judge	dent n/a \$150 tative \$100 \$100 entative \$25 \$50			MSD Councilo County Office City Office Justice of the	e Officer, MAD Director or Peace	\$25 \$50 Set by charter on/a	
Prospective Petiti	on, in lieu of filing fee	9		Some circula	ators may be paid	Yes	⊠No
Candidate Informat	tion				Manual Commence		
First		МI LI A .	ast Gak	ediner	2	Suffix	Title
How you would like your name to appear on the ballot							
Mike Gardiner							
Candidate Residence	/ Route Address					- 1	
Street Address 349 ORav	ige Aven	The second secon	Ashla	and	State	97520	County
Candidate Mailing Address and Contact Information Only one phone number is required.							
Street Address or PO	Вох	C	City		State	Zip	
same							
Work Phone	Home P	hone		Cell Phone	890-2487	Fax	
Email Address Web Site, if applicable Web Site, if applicable							

Occupation (present employment) If no relevant experience, None or NA must be entered.
Retired
Occupational Background (previous employment) If no relevant experience, None or NA must be entered.
Transportation management
Educational Background (schools attended) If no relevant experience, None or NA must be entered.
Complete name of School (no acronyms) Last Grade completed Diploma Degree/Certificate Course of Study
University of Evansuille 16 Business Adminis
Educational Background (other) Attach a separate sheet if necessary.
Foreign Study. Harlax fon College European Economics
GRANTHAM, England
Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.
Ashland Planning Commission 1996-2002
Ashland Parks & Recreation Commission 2002 - 2010, 2012 - curren
Campaign Finance Information Not applicable to candidates for federal office.
Candidate Committee This section should not be amended at a later date.
Yes, I have a candidate committee. No, I do not expect to spend or receive more than \$750 during each calendar year. The \$750 includes personal funds spent for any campaign-related costs, such as the candidate filing fee; however state voters' pamphlet filing fees are not included when calculating contribution or expenditure totals. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$750 during a calendar year, I must follow the requirements detailed in the Campaign Finance Manual. NOTE: If you have previously filed for office please check with the Elections Division to verify if you have an existing candidate committee. No, but will be filing a Statement of Organization for Candidate Committee (SEL 220).
Candidate Attestation
By signing this document, I hereby state that:
→ I will accept the nomination for the office indicated above;
 → I will qualify for said office if elected; → All information provided by me on this form is true to the best of my knowledge; and
→ No circulators will be compensated based on the number of signatures obtained by the circulator on a prospective petition
For Major Political Party Candidates → if not nominated, I will not accept the nomination or endorsement of any political party other than the one named
→ I have been a member of said political party, subject to the exceptions stated in ORS 249.046, for at least 180 days before the deadline for filing a
nominating petition or declaration of candidacy (ORS 249.031). Does not apply to candidates filing for the office of US President.
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. (ORS 260.715). A person may only file for one lucrative office or not more than one precinct committee person at the same election. Unless the person has withdrawn from the first filing, all filings are invalid. (ORS 249.013 and ORS 249.170)
MTHAROWER 6/19/18
Candidate Signature Date
Detail Charat (CC Assessment Code / Descript Number

For Office User Only Initials

nitials

Batch Sheet/CC Approval Code/ Receipt Number _____

VOLUNTARY CONTRIBUTION & SPENDING LIMITS FOR CANDIDATES FOR CITY OFFICES AMC 2.41

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK General 2018 Candidate Political Committee Primary 20 Other Election Date Candidate or Political Committee Name Committee Identification Number Treasurer's Full Name Telephone Number (day) Address (street or route, city, state, zip code) Office of Filing ecleation I certify that if I am signing as a candidate, I will not make attributable expenditures for this election in excess of \$3,869.00 (including expenditures of my principal campaign committee), or, if I am signing as a treasurer of a political committee organized exclusively to support or to oppose a candidate, I certify that the committee will not make attributable expenditures in this election in excess of \$3.869.00. Candidate of treasurer's signature [NOTE: If the candidate or committee treasurer elects NOT to be bound by the expenditure limitations, the following line should be signed instead of the line above.] I elect not to be limited to the attributable expenditures specified in this certificate and city ordinance. Candidate or treasurer's signature **Date Signed** The City Recorder is authorized to publish a statement in the City, indicating whether or not the candidate has agreed to limit expenditures. RECEIVED JUN 19 2018 If the City Recorder or the City Attorney finds that a candidate filing a declaration of limitation on expenditures has exceeded the applicable expenditure limit, at the next election at which the candidate is a candidate for election to public office, the City Recorder shall publish a statement, in the City, indicating that the candidate violated a previous declaration of limitation.



August 3, 2018

Michael Gardiner 349 Orange Avenue Ashland OR 97520

A completed petition, with the required signature sheets properly certified by the county elections office has been received and is filed with the City Recorder's Office for the Park Commission Position #3.

Please let me know if I can be of any further assistance during this upcoming election time.

Melissa Huhtala

City Recorder



Tel: 541-488-5307 Fax: 541-552-2059 TTY: 800-735-2900



Petition Submission Candidate, Voters' Pamphlet

RECEIVED JUL 12 2018

SEL 338 rev 01/14 OAR 165-010-0005, 165-014-0005

This form must be completed and filed with each submittal of signatures.

This form mast be completed and filed with	cacif submittal of signe	itures.					
Filing Officer							
State	County for both county and district petitions						
Election Type		Year					
Primary General	Special Election	2014	2016	2018			
Petition Information							
Candidate Name or Measure Number							
Michael A. GaRdiner	R						
Type of Filing		Number of Signatu	res Submitted				
Candidate Nominating Petition		31					
☐ Voters' Pamphlet, Candidate							
☐ Voters' Pamphlet, Measure							
Candidate							
ightarrow By signing this document, I hereby state that a	Ill information on the forn	n is true and correct to the	e best of my knowledge.				
Name	Contact Phone		Email Address				
Michael A. Gardiner	541-890.	2487	Mmgaldiner(a charter net			
Signature			Date Signed				
Name Michael A. Gardiner Signature MA Gardiner			7/12/18	a charter.net			
Measure Argument Filer							
→ By signing this document, I hereby state that all information on the form is true and correct to the best of my knowledge.							
Name	Contact Phone		Email Address				
Signature			Date Signed				

County: JACKSON

Petition Processing Statistics Report Date: 7/13/2018 2:44:49 PM

User Name : Myers, Trisha

Number: PC2018-03 Title: Ashland Parks & Recreation Pos #3 Michael Gardiner

Petition Information

Petition Name: Ashland Parks & Recreation Pos #3 Michael Gardiner

Petition Date: 06/19/2018

Date Filed: 06/19/2018

End Circulation Date: 07/12/2018

Minimum Signatures Required: 25

Accepted Of Minimum: (120.00%)

Total Signatures Processed: 31

	Proces	ssing	Summary	Sample: All	
Total Accepted Signatures	: 3	0		(97%)	Of Those Processed
Total Rejected Signatures	:	1		(3%)	Of Those Processed
Accepted Reason				Total	(% Rejected)
Valid Signature				30	(100%)
Rejected Reason				Total	(% Rejected)
Out of District				1	(100%)

Candidate Signature Sheet Nonpartisan	Petition ID PCZ018-03
Signatures for this petition are being gathered by PAID Circulators VOLUNTEER Circulators	
This is a candidate nominating petition. Signers of this page must be active registered voters in the county listed.	
Signatures must be verified by the appropriate county elections official before the petition can be filed with the filing officer. Candidates should allow ample time for the verification process to be completed before 5pm on the filing deadline day.	County JACKSON
Candidate Information	
Name Michael A. Gardiner Ashland	d Parks & Recreation Pos#3
Election District or Position Num	
To the Secretary of State of Oregon/County Elections Official/City Recorder, We the undersigned voters, request the canon	
To the office mulcated.	
Signers must initial any changes the circulator makes to their printed name, residence address or date they signed the p Signature Date Signed mm/dd/wy Print Name	
Signature Date Signed mm/dd/yy Print Name	Residence or Mailing Address street, city, zip code
1 Michael A. Ja	ROINER 3490Range Ave Ash OR
2 Chur Devin 6-25.18 JAMES DL	9WIS 640 A St Ashland 97570
3 Mattro De Miller 6-25-18 Matt Miller	1290 Green Meadows Way Ashland 97520
4 John April 6-25-18 Joel Heller	2326 6reg " 11 11 9720
5 RUT 6-27-18 Rick Land	1+ 950 B St. #1 Ashland OR 97520
6 /Cottol 6-28-18 Kenneth Kie	
CACAU	ge) 270 Scenic Dr. Ashland, OR9752
TIPO IN THE PROPERTY OF THE PR	isen 355 Ofis St. Ashland, 97526
8 tod . Char 6/29/2018 David Char	MAN 390 OR WEDST PENLAND OF THE
9 Jan Am 6/28/2018 Torsten Hey	CKE 323 Hish S+ Ashland OR 971
10 Mary Gardines 6.30.2018 349 Orange	Ave Mary Gardiner Asuland OR 9752
Circulator Certification This certification must be completed by the circulator and additional signatures should not be dated!	collected on this sheet once the certification has been signed and
I hereby certify that I witnessed the signing of the signature sheet by each individual whose signature appears on the signature	ure sheet, and I helieve each person is a voter qualified to sign the
petition (ORS 249.061). I also hereby certify that compensation I received, if any, was not based on the number of signature	s obtained for this petition.
MA gardines 6/30/18	2
Circulator Signature Date Signed mm/dd/yy	Sheet Number
Midgel A. Grardiner 349 Dravas, Ave As	Sheet will be numbered by group submitting the petition.
Printed Name of Circulator Circulator Circulator's Address street, city, zip code	, Des

County Elections Officials provide a separate certification to attach to the petition.

SEL 121 rev 01/14 ORS 249.072

Candidate Signature Sheet Nonpartisan	D. W Ot 7410 - 67
Signatures for this petition are being gathered by PAID Circulators VOLUNTEER Circulators	Petition ID PCZ018-03
This is a candidate nominating petition. Signers of this page must be active registered voters in the county listed.	
Signatures must be verified by the appropriate county elections official before the petition can be filed with the filing officer. Candidates should allow ample time for the verification process to be completed before 5pm on the filing deadline day.	County JACKSON
Candidate Information	
Michael A. Gardiner Office Ashla	nd Parks & Recognition Pos#3
Election District or Position	Barton #3
To the Secretary of State of Oregon/County Elections Official/City Recorder, We the undersigned voters, request the nomination to the office indicated.	candidate's name be placed on the hallot at the election listed above for
Signers must initial any changes the circulator makes to their printed name, residence address or date they signed to Signature Date Signed mm/dd/mr.	the petition.
Date Signed mm/dd/yy Print Name	Residence or Mailing Address street, city, zip code
Here Schaef 7/2/18 Laurie Schaaf	347 Orange Ave, Ashland 97520
2 Thent Champson 3 July & BRENT Thompson	582 ALLISON ST, Ashland 97520
3/2011 7/3/18 AROUJONSON	355 Oto Strop Achar 97520
4 Francis B. Teckham 7/4/18 Erancis B. Peckham	315 Oak St. Ashland 97520
5 BRUCK BERGSTROM 7/4/18 for Rox	705 ROCA ST HSWALOR \$ 7520
6 Dary Berg 1/4/18 Bruce Bergstron	70.5 Rules St. Ashland OR 97530
7 2 Malri Williams	744 Helman st Achland ON 975
8 1918 Gregory Williams	744 Helman St Ashland DR975
· Cenfly total 7/4/18 Carlyle F. Story	356 Otis, Ashland, OK 9752
10 74/18 Fewin Start	127 Cypress Cir. Ashland or 9752
Circulator Certification This certification must be completed by the circulator and additional signatures should no dated!	ot be collected on this sheet once the certification has been signed and
I hereby certify that I witnessed the signing of the signature sheet by each individual whose signature appears on the specific (ORS 249.061). I also be reby certify that compensation I received if any ways not be seen to be seen that the same appears on the signature appears on the signature.	ignature sheet, and I helique each person is a votor qualified to sign the
petition (ORS 249.061). I also hereby certify that compensation I received, if any, was not based on the number of signs	atures obtained for this petition.
Circulator Signature	
Date Signed mm/dd/yy	Sheet Number
Michael A. Gardiner 349 O Range Ave 1	Sheet will be numbered by group submitting the petition.
Printed Name of Circulator Circulator's Address street, city, zip c	ode
SEL 121 rev 01/14 ORS 249.072 County Elections Officials provide a separate certification to attach to	

Candidate Signature Sheet Nonpartisan		
Signatures for the state of the	Circulators VOLUNTEER Circulators	Petition ID PC 2018 - 03
This is a candidate nominating petition. Signers of this page must be	e active registered voters in the	
The same for the verification process to be co	ompleted before 5pm on the filing deadline day.	County JACKSON
Candidate Information		
Michael A. Gardiner	Office Ashland Pak	eks & Recpeation Pos#3
Election	District or Position Number	- The creation to s
Tables	Pos	iton#3
To the Secretary of State of Oregon/County Elections Official/City R nomination to the office indicated.	lecorder, We the undersigned voters, request the candidate's name	e be placed on the ballot at the election listed above for
Signature Signature	tod wares and the state of the	
Signaturé Date Signed mm/		
P1 Tate Cudwell 1/4/18	,	Residence or Mailing Address street, city, zip code
14 18	Late Caldwell	1251 n. Valley Deel
2 Bartlara H. Stant 7/4/18	Barnara H. Stout	25/ 05-10/
0.18	Darbara H. Stout	356 Otis St- Ashland.
3 Jenn Suck 1/6/18	Risa Buck	7980ak St Ashland 9752
4 17/118	David Mesols.	455 Willow ST Ashled 82020
5 limited end und 7/7/15	8 Sennifer England	455 Willowst Ashland
6 267 (en y 1/10/3	Stell Acuil	2-5-2-10 10 0 -10
The haven of	11/10 1 0 11 1 11 7 10	LOS FALLY FIGURES OR
Andre met god !!	1/18 Judith Anne McBride	323 N. Laurel Ashlau
8 / Kanen Amarotia 7	110/18 Karen Amarotico	195 Randy St Athland
9 Marcoret Garneton 7/1	118 MARGARet GARRING	to 520 Herbert St. as Dand
10 Mul Della 7 11	1/18 /RNOUD BLEICHER	520 Harbant St Ashland
Circulator Certification This certification must be completed by		this sheet once the certification has been signed and
I hereby certify that I witnessed the signing of the signature sheet by petition (ORS 249.061). I also hereby certify that compensation I reco	each individual whose signature appears on the signature sheet, ar	nd I believe each person is a votor qualified to sign the
petition (ORS 249.061). I also hereby certify that compensation I rece	ived, if any, was not based on the number of signatures obtained fo	or this petition.
MA Garanes	7/11/18	3
Circulator Signature	Date Signed mm/dd/yy	Sheet Number
Michael A. Galdinge.	349 ORange Ave Ashland OR 9	Sheet will be numbered by group submitting the petition.
Printed Name of Circulator	Circulator's Address street, city, zip code	
SEL 121 rev 01/14 ORS 249.072 County	y Elections Officials provide a separate certification to attach to the petition.	

Signature Candidates should allow ample time for the verification process to be completed before 5pm on the filing officer. Candidates should allow ample time for the verification process to be completed before 5pm on the filing deadline day. County JACKSON County J	Candidate Signature Sheet Nonpartisan Signatures for this petition are being gathered by PAID Circulators This is a partial to provide the provided by PAID Circulators VOLUNTEER Circulators	Petition ID PC 2018 - 03
Circulator Certification This certification must be completed by the circulator and additional signature should not be collected on this sheet once the certification has been signed and diateful. Circulator Septiator Official Namber Date Signed mm/ddu/y whose signature appears on the signature should not be collected on this sheet once the certification has been signed and diateful. Circulator Septiator Official to the signal of the signature sheet by each individual whose signature appears on the signature should not be collected on this sheet once the certification has been signed and diateful. Circulator Septiator Official to Septiator Septia	candidates should allow affile for the verification process to be completed before 5pm on the filing deadline day.	county JACKSON
Election CALE AS JOINT SUPPORT OF State of Oregon/County Elections Official/City Recorder, We the undersigned voters, request the candidate's name be placed on the ballot at the election listed above for nomination to the office indicated. Signature Date Signed mm/ds/yy Print Name Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 ANDERN STAMON Residence or Mailing Address street, city, zip code 7/12/18 AND		
To the Secretary of State of Oregon/County Elections Official/City Recorder, We the undersigned voters, request the candidate's name be placed on the ballot at the election listed above for nomination to the office indicates. Signature Date Signed mm/dd/W Print Name Residence or Mailing Address, street, diy, zip code. 7/12/18 ANDREW STAMWN 789 S. MT. AVE. ASH WAD OR 97522 3 4 5 6 6 7 8 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! 1 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 (DSS 249.0G1), I also hereby certify that compensation received, if any, was not based on the number of signatures sheet, and I believe each person is a voter qualified to sign the petition (DSS 249.0G1), I also hereby certify that compensation received, if any, was not based on the number of signatures sheet, and I believe each person is a voter qualified to sign the petition (DSS 249.0G1), I also hereby certify that compensation received, if any, was not based on the number of signatures sheet, and I believe each person is a voter qualified to sign the petition (DSS 249.0G1), I also hereby certify that compensation received, if any, was not based on the number of signatures sheet, and I believe each person is a voter qualified to sign the petition (DSS 249.0G1), I also hereby certify that compensation received, if any, was not based on the number of signatures sheet, and I believe each person is a voter qualified to sign the petition (DSS 249.0G1), I also hereby certify that compensation received, if any, was not based on the number of signatures sheet, and I believe each person is a voter qualified to sign the petition of Circulator's Address street, day, also code	Michael A. Gardiner Ashland Parks	E Recreation Pos#3
Signature Date Signed mm/dd/yy Print Name Residence or Mailing Address street, chy, zip code 7/12/16 ANDREW STAMUS 789 S. MT. AVE. ASHAWO OR 97520 3 4 5 6 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 librebly 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 249.061). 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 Sheet Number Sheet Will be numbered by group submitting the petition. Of Circulator's Address street, chy, zip code	General District or Position Number	n#3
Date Signed mm/dd/yy Print Name Residence or Mailing Address street, city, zip code 7/12/16 ANDREW STA WAY 789 S . MT . AVE . ASH WAY OR 97520 3 4 5 6 7 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! 1 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 249.061). 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 Sheet Number Sheet Will be numbered by group submitting the petition. Of Circulator's Address street, city, zip code	nomination to the office indicated.	ed on the ballot at the election listed above for
Date Signed mm/dd/yy Print Name Residence or Mailing Address street, city, zip code 7/12/16 ANDREW STA WAY 789 S . MT . AVE . ASH WAY OR 97520 3 4 5 6 7 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! 1 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 249.061). 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 Sheet Number Sheet Will be numbered by group submitting the petition. Of Circulator's Address street, city, zip code		
1 Climbar SULL 7/12/18 ANDREW STANDED 789 S. MT. AVE. ASHAND OR 97526 2 3 4 5 6 7 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! 1 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 249.061). 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/de/ny Sheet Number Sheet will be numbered by group submitting the petition. Official and A. Gardwale Standard Official and Shape of Circulator's Address street, city, zip code	Signature // Data Ciana da ////	ence or Mailing Address street, city, zip code
2 3 4 5 6 7 8 9 10 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! 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 249.061). 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 Signet mm/del/ny Sheet Number Sheet will be numbered Sheet will be numbered of circulator signature appears on the signature of the petition. Circulator Signature of Circulator Signature appears on the signature of the signature of the signature of the signature of the petition. Circulator Signature Of Circulator's Address street, city, zip code		
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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 249.061). 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 Sheet Number Sheet will be numbered by group submitting the petition. Circulator's Address street, city, zip code	6	
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 249.061). 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 Sheet Number Sheet will be numbered by group submitting the petition. Circulator's Address street, city, zip code	7	
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