

# Prospective Petition

## Local Initiative and Referendum

SEL 370

rev 01/18 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.

FILED 10/25/19

<b>Petition Information</b>		<b>Type</b>	
This filing is an	<input type="checkbox"/> Original	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Initiative
			<input type="checkbox"/> Referendum
<b>Jurisdiction</b>		<b>Some Circulators may be Paid</b>	
<input type="checkbox"/> County	November 2020	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> City			Nov. 2020
<input type="checkbox"/> District			

**Title** Subject or name you give your petition.  
Decriminalization of Natural Psychedelics

**Website** if applicable  
decriminalizenatureportland.org

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

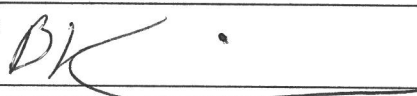
Correspondence Recipient  Email Chief Petitioners  Mail Chief Petitioners


**Recipient Information**

Name	Company Email	Email Address	decriminalizenaturepdx@gmail.com
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**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>	Bryan Robert Kim	<b>Contact Phone</b>	619 382 7888
<b>Residence Address</b> street, city, state, zip	7149 N Macrum Ave., Portland, OR 97203		
<b>Mailing Address</b> if different		<b>Email Address</b>	bryankimlivinglegend@gmail.com
<b>Signature</b>		<b>Date Signed</b>	10-24-19

<b>Name</b>	Nicholas James Lombest	<b>Contact Phone</b>	541 631 9819
<b>Residence Address</b> street, city, state, zip	7149 N Macrum Ave., Portland, OR 97203		
<b>Mailing Address</b> if different		<b>Email Address</b>	teonanaca122@gmail.com
<b>Signature</b>		<b>Date Signed</b>	10-24-2019

<b>Name</b>		<b>Contact Phone</b>	
<b>Residence Address</b> street, city, state, zip			
<b>Mailing Address</b> if different		<b>Email Address</b>	
<b>Signature</b>		<b>Date Signed</b>	