

**Some Circulators
For This Petition
Are Being Paid**

PETITION I.D. 19

PETITION FOR STATE INITIATIVE REFERENDUM MEASURE
SIGNATURE SHEET

THIS IS A STATE
PETITION. SIGNERS OF
THIS PAGE MUST BE
REGISTERED VOTERS IN

COUNTY ONLY.

TO THE SECRETARY OF STATE OF OREGON:

We, the undersigned voters, request this measure be submitted to the people of Oregon for their approval or rejection at the election to be held on November 7, 2000.
A full and correct copy of this measure was made available for review and we have not previously signed a petition sheet for this measure.

PERMITS SALE OF MARIJUANA TO ADULTS THROUGH STATE LIQUOR STORES

SIGNATURE	DATE SIGNED MO./DAY/YR.	PRINT NAME	RESIDENCE ADDRESS STREET AND NUMBER	CITY OR POST OFFICE	ZIP CODE	PRECINCT (IF KNOWN)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

CIRCULATOR'S VERIFICATION



STATE INITIATIVE REFERENDUM MEASURE PETITION

I, (print circulator's name) _____, hereby verify every person who signed this sheet did so in

**THIS VERIFICATION MUST BE
SIGNED BY THE CIRCULATOR.**

my presence and I believe each person is a qualified voter in the State of Oregon (ORS 250.045).

SIGNATURE OF CIRCULATOR _____

SHEET NUMBER _____

CIRCULATOR'S ADDRESS (street, city and zipcode) _____