

Prospective Petition

Local Initiative and Referendum

Election Date: November 5, 2024

SEL 370

rev. 01/22 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, 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 filing officer 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		Type	
This filing is an	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Initiative
			<input type="checkbox"/> Referendum

Jurisdiction		Some Circulators may be Paid	
<input type="checkbox"/> County	<input checked="" type="checkbox"/> City	<input type="checkbox"/> District	<input checked="" type="checkbox"/> Yes
			<input type="checkbox"/> No

Title Subject or name you give your petition.
Strengthening Recruitment, Retention, Training, and Accountability for the Portland Police Bureau

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 Anil Karia	Email Address anil@pslglawyers.com
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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 William B. Aitchison	Contact Phone 503-349-3044
Residence Address street, city, state, zip 1628 NW 32nd Ave., Portland, OR 97210	
Mailing Address if different PO Box 12070, Portland, OR 97212	Email Address wiaitchison@gmail.com
Signature 	Date Signed 2/17/2024

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	
Signature	