(i) Please print on white paper which indicates you are not being paid to gather signatures on this petition.

SOME circulators **NO** circulators for this petition are being paid.



Amends Constitution: Prohibits spending "public funds" (defined) directly/indirectly for "abortion" (defined); exceptions; reduces abortion access

Result of "Yes" Vote: "Yes" vote amends constitution, prohibits spending "public funds" (defined) directly/indirectly for any "abortion" (defined), health plans/insurance covering "abortion"; limited exceptions; reduces abortion access.

Result of "No" Vote: "No" vote retains current law that places no restrictions on spending public funds for abortion or health plans covering abortion when approved by medical professional.

Summary: Amends Constitution. Under current law, abortions may be obtained, when approved by medical professional, under statefunded health plans or under health insurance procured by or through public employer or other public service. Measure amends constitution to prohibit spending "public funds" (defined) for "abortion" (defined) or health benefit plans that cover "abortion." Measure defines "abortion," in part, as "purposeful termination of a clinically diagnosed pregnancy." Exception for ectopic pregnancy and for pregnant woman in danger of death due to her physical condition. Exception for spending required by federal law, if requirement is "found to be constitutional." No exception for pregnancies resulting from rape/incest unless federal law requires. Effect on spending by public entities other than state unclear. Measure reduces access to abortion. Other provisions.

Chief Petitioners			Return completed petitions to:
Jeff Jimerson	Marylin Shannon	Suzanne Belatti	Oregon Life United
29428 Lakeside Drive	7955 Portland Road NE	15413 NE Andra Place	PO Box 1620
Corvallis, OR 97333	Brooks, OR 97305	Portland, OR 97230	Corvallis, OR 97339

Instructions for Signers

1 Only active Oregon voters may sign a petition. Use a pen to sign your name, as you did when you registered to vote.

2 Provide the date you signed the petition, your printed name and residence address. Only you may complete this optional information.

3 It is against the law for signers to:

- \rightarrow Sign another person's name under any circumstances.
- \rightarrow Sign a petition more than one time.
- \rightarrow Sign a petition when you are not qualified to sign it.

To the Secretary of State of Oregon: I am an active Oregon voter and request this petition be placed on the ballot for approval or rejection at the election listed.

Signature

Date Signed mm/dd/yy