### INSTRUCTIONS ON REVERSE SIDE

### **RECALL PETITION**

		City						
W	Ve, the undersigned, registered and qualified voters of	the Township of }		, in the County of		, and State	of Michigan,	, petition for
- Cá	alling of an election to recall Carl Milton Le	evin	from the office o	of United States Senator		· •	r the fellessin	
Ž Ž		(Name of Officer)		(Title of Office)	(Distric	for	r the following	g reason(s):
ן בי	He co-authored and introdu	ced an amendment regardir	<u>ng deten</u>	tion provisions (Subtitle D	Section 1031) to S.18	67 (the Na	ıtional	
	Defense Authorization Act t	or Fiscal Year 2012). He vot	ted in fa	vor of the final version (H.F	R. 1540) which contain	ed the det	ention	
	provisions in section 1021.							
ן ב	WARNING-A PERSON WHO KNO PROVISIONS OF THE MICHIGAN	OWINGLY SIGNS A RECALL PETIT ELECTION LAW.	ION MOR	E THAN ONCE OR SIGNS A NAM	ME OTHER THAN HIS OR H	ER OWN IS V	VIOLATI	NG TH
1	SIGNATURE	PRINTED NAME		STREET ADDRESS OR RURAL ROUTE	ZID CODE	DA	TE OF SIGN	IING
#		THINTED NAME	<u> </u>	STREET ADDRESS ON NORAL ROUTE	ZIP CODE	MONTH	DAY	YEAR
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1	12.							
ne ur	ndersigned circulator of the above petition asserts that I	OF CIRCULATOR ne or she is a qualified and registered elector of the elector	oral district		ATOR – DO NOT SIGN OR DUNTIL AFTER CIRCULATING			1
the	official whose recall is sought; that each signature on the fraud, deceit or misrepresentation; and that he or she	ne petition was signed in his or her presence and was no	t obtained	OLITINIOATE (	SITTLE AT TEN OHIOGEATING	A PETITION.	,	,
nrough fraud, deceit or misrepresentation; and that he or she neither caused nor permitted a person to sign the petition more than nce and has no knowledge of a person signing the petition more than once. The undersigned circulator of the above petition urther asserts that to his or her best knowledge, information and belief each signature is the genuine signature of the person			(Signature of Circulator)			(Date)		
urpoi		was at the time of signing a qualified registered elector	(Printed Name of Circulator)					
		MAKING A FALSE STATEMENT IN THE A WHO SIGNS AS A CIRCULATOR, OR A PERSO		(City or Township Where Registered)				
		I AS CIRCIII ATOR IS CIIII TV OF A MISDEMI		Complete Residence Address (Street an	d Number or Rural Route)		7in Code	<del></del>

Michigan Election Resources - Form No. 2011 - 2002 Revision - Approved by State Director of Elections

# TO BE COMPLETED BY CITY OR TOWNSHIP CLERK

Check the registration of each person whose name appears on the reverse side of this petition sheet **whose name is not coded** in the left-hand column.

the person's name If the person was registered to vote in your City or Township on the date he or she signed the sheet, place a check mark before

If the person was not registered to vote registered) before the person's name. ⊒. your City or Township on the date he or she signed the sheet, enter ΰ̈́R (not

If the address listed by the person does not fall within your City or Township, enter "NC" (not in community) before the person's

Complete the following certificate after making the registration checks:

	☐ City or		as bellig registered in his city of Township of the date of signifigure pention sheet is:	I hereby certify that the total number of persons whose names appear on the reverse side of this petition
(Name of City or Township)		(Signature of City or Township Clerk)	e perition sheet is:(Enter Number)	on the reverse side of this petition sheet who I identified

### READ BEFORE CIRCULATING PETITION

The validity 으 signatures placed on this petition may be affected if the following <u>s</u> not observ

## Complete the heading of the petition before circulating it.

- Enter the city or township and county where the petition will be circulated. Indicate whether the jurisdiction listed is a "city" or a "township." Do not list more than one city or township.
- Enter the officer's complete name and the office he or she holds. Include the district number of the office if there is one
- Enter the Election reason(s) why the recall election is being sought. The language entered must be exactly as approved by the County Commission.

## Make sure that all signers properly complete the petition.

- Each signer must be registered to vote in the city or township listed 크. the heading
- Each signer must sign and print his or her first and last name.<sup>1</sup>
- Each signer must enter his or her full address. A rural route number is acceptable. A post office box is not acceptable.
- Each signer must enter his or her Zip Code.2
- Each signer must date his or her signature with the month, day and year

# Complete the circulator's certificate after circulating the petition.

- Sign the date on the circulator's certificate are invalid. and print your full name and enter the month, day and year.1 Signatures on the petition which are dated
- Enter the name of the city or township where you are registered. You must be registered to represented by the officeholder whose recall is sought. vote 크. а 양 or township
- Enter your full address.  $\triangleright$ rural route number is acceptable. A post office box is not acceptable
- Enter your Zip Code.<sup>2</sup>

### Circulate the petition properly.

- Do not fail to question signers on their city or township of registration.
- Do not complete the heading of the petition after signatures have been affixed on the petition.
- Do not fill in a signer's address or a signer's are not acceptable in these two entries. signature date. **Both entries** must be ⊇. the signer's own handwriting. Ditto marks
- Do not leave the petition unattended
- <sup>1</sup>The failure of the circulator or an elector who signs the petition to print his or her name or to print his or her name in the proper location does <u>not</u> affect the validity of the circulator's or signer's signature. However, a printed name located in the space designated for printed names does <u>not</u> constitute the signature of the circulator or elector.
- The failure of the circulator or an elector who signs the petition to enter a correct Zip Code does <u>not</u> affect the validity of the circulator's or signer's i Zip Code or s s signature. ō enter his 9 her

