ś	A CONTRACTOR OF THE CONTRACTOR							
	COUNTY				Optional		ign this petition before it I	
	Initiative description: (Insert a description of not more	e than 200 words of the prin	cipal provisions of the proposed measu	re or constitutional amendment.)	QR Code	PAID CII	RCULATOR _	VOLUNTEER
	Notice: This is only a description of the proposed mean	sure (or constitutional amen	dment) prepared by the sponsor of the	measure. It may not include every	provision contained in the measure. Bef	ore signing, make sure the	title and text of the meas	sure are attached. You
	have the right to read or examine the title and text before			o be Submitted Directly to E		3 3,		
	We, the undersigned, citizens and qualified electors of the s	state of Arizona, respectfully de			shall be submitted to the qualified electors	s of the state of Arizona for th	eir approval or rejection at t	he next regular general
	election and each for himself says: I have personally s	signed this petition with my f	first and last names. I have not signed a	any other petition for the same me	easure. I am a qualified elector of the sta	ate of Arizona, county of		
	Warning: It is a class 1 misdemeanor for any person to of signing his own name because of physical infirmity,	o knowingly sign an initiative or to knowingly sign his nan	e or referendum petition with a name oth ne more than once for the same measu	ner than his own, except in a circu re, or to knowingly sign such petiti	mstance where he signs for a person, in on when he is not a qualified elector.	the presence of and at the	e specific request of such	person, who is incapabl
	0		and last name printed)	Actu	ual address	Arizona post office	O'' T ('')	
	Signature 1	First	Last	(street & no. and it no street a	address, describe residence location)	address & zip code	City or Town (if any)	Date signed
	2							
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	45							
	15							

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The validity of signatures on this sheet must be sworn to by the circulator before a notary public on the form appearing on the back of the sheet.

Registered Circulator ID

Number SERIAL NUMBER

Instructions for Circulators

- 1. All circulators shall sign the Affidavit of Circulator.
- 2. All non-resident circulators, whether paid or volunteer, must register with the Secretary of State's office before circulating petitions. Circulators who are Arizona residents must register with the Secretary of State's office before circulating petitions if they are both (i) paid, and (ii) circulating for a statewide initiative or referendum. Circulators who are required to register should print their Circulator ID number in the space provided on the front and back side of each petition sheet.
- 3. Circulators are not required to be a resident of this state but otherwise must be qualified to register to vote in this state.
- 4. Circulators shall include their actual residence address or, if no street address, a description of their residence location.

State of Arizona)	Affidavit of Circulator				
County of COUNTY WHERE NOTARIZED) ss.:					
(Where notarized))					
PRINT NAME						
Ι,		, a person who is not required to be a re	esident of this state but who is	otherwise qualified to register t	o vote in the county of	
COUNTY	, in the state of Arizona at all times during my circ	ulation of this petition sheet, and under the	penalty of a class 1 misdem	eanor, depose and say that su	bject to section 19-115, Arizona F	Revised
tatutes, each individual printed the indiv	vidual's own name and address and signed this sheet of the f	oregoing petition in my presence on the date in	ndicated and I believe that each	signer's name and residence add	ress or post office address are correc	ctly stat-
d and that each signer is a qualified e	elector of the state of Arizona and that at all times during c	irculation of this signature sheet a copy of th	e title and text was attached to	the signature sheet.		
		(O) we also set off and	CIRCULATOR SIGNATURE			
		(Signature of affiant)				
	(Resir	dence address, street and number of affiant, or if	RESIDENCE ADDRESS / LOCATION			
		eet address, a description of residence location)				
			CITY	STATE	ZIP	
			d sworn to before me on DATE OF N	NOTARIZATION		
	Star	mp notary seal within the box				
				(date)		
			NOTARY SIGNATURE			
				Notary Public		
				·		
STATEWIDE ONLY					SERIAL NUMBER	

Secretary of State Revised 10/25/2022

Registered Circulator ID Number