				Page No					
the coun	· ·	ed ten thousand d	ollars or both, for a	nyone to sign any initiati	ve petition with	any name ot	her than his	nent not to exceed one year in or her own, or knowingly to is not a registered voter.	
To the H	Ionorable Denny Hoskin	ns, Secretary of S		NITIATIVE PETITIO e of Missouri:	N				
amendm of Novem		III be submitted to mself or herself s	the voters of the says: I have personal	tate of Missouri, for their ly signed this petition; I a	approval or reje m a registered v	ection, at the oter of the S	general ele tate of Miss		
			[0]	FFICIAL BALLOT TIT	ΓLE]				
Do you	want to amend the M	Iissouri Consti	tution to:						
•	require the governor electronically assig require the secretar	or to establish, uning and reass y of state to cr	maintain, and e igning of proxice a proxy for	equire proxies from a nsure the security and es; m by January 2, 202 providing penalties	nd privacy of a	an online s	system for		
	overnmental authoritie e no costs or saving.	es estimate cos	sts of \$528,524	and ongoing costs of	f at least \$397	,376 annu	ally. Loca	al governmental entities	
CIRCUI	_ATOR'S AFFIDAVIT,	, STATE OF M	IISSOURI, COU	NTY OF					
l,	etition Circulator's F	Printed Name	,\	, being first du	ly sworn, sa	y (print o	r type na	nmes of signers)	
(10	NAME (Signature)	DATE SIGNED		ERED VOTING ADDRES		Zip Code	Congr. Dist.	NAME (Printed or Typed)	
1.	(Signature)	SIGNED	(Street)	(City, Town of	village)	code	DIST.	(Printed or Typed)	
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14									
15.									
	is page of the foregoing pe dress and city, town or vill							his or her name, registered County.	
	ERMORE, I HEREBY SV CT AND THAT I HAVE							ME ARE TRUE AND SE INVOLVING FORGERY.	
I am at	least 18 years of age,	I do do ı	not (chec	ck one) expect to be	paid for circu	lating this	petition.	If paid, list the payer	
				·					
Signatu	re of Affiant (Person	obtaining sign	atures)	Street	address of Af	fiant			
Printed Name of Affiant				City, State and Zip Code of Affiant					
Subscribed and sworn to before me this				of	, A.D. 20				
				Notary Public (S	Seal)				
Signatu	re of Notary			My commission					

Address of Notary

County _