

WARNING: Every person who knowingly signs this petition with any other than his or her true name, signs more than one of these petitions relating to the same initiative measure, signs this petition when he or she is not a qualified elector or makes any false statement on this petition may be punished by fine, imprisonment, or both.

**• PETITION FOR INITIATIVE MEASURE •
TO AMEND THE MISSISSIPPI CONSTITUTION**

TO THE HONORABLE DELBERT ROSEMAN, SECRETARY OF STATE OF THE STATE OF MISSISSIPPI

We, the undersigned citizens and qualified electors of the State of Mississippi, respectfully direct that this petition and the proposed measure known as Initiative Measure No. _____, entitled

_____ a full, true and correct copy of which is printed or attached to this petition, be transmitted to the Legislature of the State of Mississippi at its next ensuing regular session, and we respectfully petition the Legislature to adopt the proposed measure; and each of us for himself or herself says: "I have personally signed this petition, I am a qualified elector of the State of Mississippi in the city (or town), county, and congressional district written after my name, my residence address is correctly stated and I have knowingly signed this petition only once."

Ballot Summary

SIGNATURE <i>(include middle initial)</i>	STREET ADDRESS CITY/TOWN	COUNTY	PRINTED NAME <i>(include middle initial)</i>	DATE SIGNED	Precinct	Cong. Dist.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

CERTIFICATE OF PETITION CIRCULATOR:

INSTRUCTIONS: Petition circulators must sign and complete all blanks.

I hereby certify that I am a resident of the State of Mississippi during the time at which this petition is being circulated.

Signature of Circulator: _____
 Current physical address: _____
 Current telephone number: _____

Printed name: _____
 City, State and Zip: _____
 Date signed: _____