

CONSTITUTIONAL AMENDMENT PETITION FORM

Note:

- All information on this form, including your signature, becomes a public record upon receipt by the Supervisor of Elections.
- Under Florida law, it is a first degree misdemeanor, punishable as provided in s. 775.082 or s. 775.08, Florida Statutes, to knowingly sign more than one petition for an issue. [Section 104.185, Florida Statutes]
- If all requested information on this form is not completed, the form will not be valid.

Your name: _____

Please Print Name as it appears on your Voter Information Card

Your address: _____

City _____ Zip _____ County _____

☐ Please change my legal residence address on my voter registration record to the above residence address (check box, if applicable).

Voter Registration Number _____ or Date of Birth _____

I am a registered voter of Florida and hereby petition the Secretary of State to place the following proposed amendment to the Florida Constitution on the ballot in the general election:

BALLOT TITLE: Requiring Broader Public Support For Constitutional Amendments

BALLOT SUMMARY: Changes the threshold to amend the state constitution to two-thirds (2/3) of the voters who vote in the election rather than 60 percent of voters who vote on the amendment. This proposal does not change the current requirement that an amendment imposing a new state tax or fee be approved by at least two-thirds (2/3) of the voters who vote in the election.

ARTICLE AND SECTION BEING CREATED OR AMENDED: Article XI, Section 5(e)

FULL TEXT OF THE PROPOSED CONSTITUTIONAL AMENDMENT: (e) Unless otherwise specifically provided for elsewhere in this constitution, if the proposed amendment or revision is approved by vote of at least ~~sixty percent of the electors voting on the measure~~ two-thirds of the voters voting in the election, it shall be effective as an amendment to or revision of the constitution of the state on the first Tuesday after the first Monday in January following the election, or on such other date as may be specified in the amendment or revision.

DATE OF SIGNATURE

X _____
SIGNATURE OF REGISTERED VOTER

Initiative petition sponsored by Keep Our Constitution Clean, P.C., P.O. Box 30265, Fort Lauderdale, Florida 33303

If paid petition circulator is used:

Circulator's name _____

Circulator's address _____

RETURN SIGNED FORM TO:
Keep Our Constitution Clean, P.C.
P.O. Box 30265
Fort Lauderdale, FL 33303

For Official Use Only:

Serial Number: 19-05

Date Approved: 3/14/2019