

INSTRUCTIONS ON REVERSE SIDE

RECALL PETITION

We, the undersigned, registered and qualified voters of the Township of City in the County of _____ and State of Michigan, petition for the calling of an election to recall Kimberly A. Samuelson from the office of Trustee Lincoln Consolidated School District for the following reason(s):
(Name of Officer) (Title of Office) (District, if Any)

Kimberly A. Samuelson should be recalled from the office of Trustee of the Lincoln Consolidated Schools Board of Education for voting to approve, budgets in which total expenditures exceeded total revenues.

This action caused a general fund deficit resulting in a state mandated deficit elimination plan and a reduced bond rating for the district.

FOR CLERK'S USE ONLY

WARNING—A PERSON WHO KNOWINGLY SIGNS A RECALL PETITION MORE THAN ONCE OR SIGNS A NAME OTHER THAN HIS OR HER OWN IS VIOLATING THE PROVISIONS OF THE MICHIGAN ELECTION LAW.

✓	SIGNATURE	PRINTED NAME	STREET ADDRESS OR RURAL ROUTE	ZIP CODE	DATE OF SIGNING		
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CERTIFICATE OF CIRCULATOR

The undersigned circulator of the above petition asserts that he or she is a qualified and registered elector of the electoral district of the official whose recall is sought; that each signature on the petition was signed in his or her presence and was not obtained through fraud, deceit or misrepresentation; and that he or she neither caused nor permitted a person to sign the petition more than once and has no knowledge of a person signing the petition more than once. The undersigned circulator of the above petition further asserts that to his or her best knowledge, information and belief each signature is the genuine signature of the person purporting to sign the petition; the person signing the petition was at the time of signing a qualified registered elector of the City or Township listed in the heading of the petition; and the circulator was qualified to sign the petition.

WARNING—A CIRCULATOR KNOWINGLY MAKING A FALSE STATEMENT IN THE ABOVE CERTIFICATE, A PERSON NOT A CIRCULATOR WHO SIGNS AS A CIRCULATOR, OR A PERSON WHO SIGNS A NAME OTHER THAN HIS OR HER OWN AS CIRCULATOR IS GUILTY OF A MISDEMEANOR.

CIRCULATOR – DO NOT SIGN OR DATE CERTIFICATE UNTIL AFTER CIRCULATING PETITION.

(Signature of Circulator) _____

(Date) _____

(Printed Name of Circulator) _____

(City or Township Where Registered) _____

Complete Residence Address (Street and Number or Rural Route) _____

(Zip Code) _____

INSTRUCTIONS ON REVERSE SIDE

RECALL PETITION

We, the undersigned, registered and qualified voters of the City of Lincoln in the County of Lincoln and State of Michigan, petition for the calling of an election to recall Connie Marie Newlon from the office of Trustee Lincoln Consolidated School District for the following reason(s):
(Name of Officer) (Title of Office) (District, if Any)

Connie Marie Newlon should be recalled from the office of Trustee of the Lincoln Consolidated Schools Board of Education for voting to approve, budgets in which total expenditures exceeded total revenues.

This action caused a general fund deficit resulting in a state mandated deficit elimination plan and a reduced bond rating for the district.

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CIRCULATOR - DO NOT SIGN OR DATE CERTIFICATE UNTIL AFTER CIRCULATING PETITION.

(Signature of Circulator)

(Date)

(Printed Name of Circulator)

(City or Township Where Registered)

Complete Residence Address (Street and Number or Rural Route)

(Zip Code)

INSTRUCTIONS ON REVERSE SIDE

RECALL PETITION

We, the undersigned, registered and qualified voters of the City of Lincoln and State of Michigan, petition for the calling of an election to recall David McMahon from the office of Trustee of the Lincoln Consolidated School District for the following reason(s):

David McMahon should be recalled from the office of Trustee of the Lincoln Consolidated Schools Board of Education for voting to approve, budgets in which total expenditures exceeded total revenues.

This action caused a general fund deficit resulting in a state mandated deficit elimination plan and a reduced bond rating for the district.

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Michigan Election Resources - Form No. 2011 - 2020 (Revised) - Approved by State Director of Elections

CIRCULATOR - DO NOT SIGN OR DATE CERTIFICATE UNTIL AFTER CIRCULATING PETITION.

(Signature of Circulator)

(Date)

(Printed Name of Circulator)

(City or Township Where Registered)

Complete Residence Address (Street and Number or Rural Route)

(Zip Code)