



The Commonwealth of Massachusetts  
APPLICATION FOR A  
PUBLIC POLICY QUESTION

DATE and TIME received by Board of Registrars

Name \_\_\_\_\_ District Type (Check one): ☐ Senatorial ☐ Representative

ATTENTION REGISTRARS: Before certifying names see "Instructions to Registrars" on reverse side of paper.

QUESTION to be submitted to the voters of the above district:

Shall the state representative from this district be instructed to vote in favor of a resolution calling upon Congress to propose an amendment to the U.S. Constitution affirming that (1) corporations are not entitled to the constitutional rights of human beings, and (2) both Congress and the States may place limits on political contributions and political spending?

CIRCULATORS' INFORMATION

INSTRUCTIONS TO PETITIONERS

Fill in the Public Policy Question above before collecting any signatures on this application.

The wording of the question should be identical on each sheet used to collect signatures in a particular district and must be on the petitions before any signatures are collected.

**Do not alter papers in any way. Additional markings on the paper MAY disqualify any signatures on the paper.**

Prior to filing the applications with the Secretary of the Commonwealth have the required number of signatures certified by a majority of the Board of Registrars or Election Commissioners.

TWELVE HUNDRED (1,200) certified voter signatures are required in any Senatorial District, TWO HUNDRED (200) in any Representative District.

DEADLINE REQUIREMENTS

Submit applications to the Registrars of Voters or Election Commissioners for certification of signatures by **5:00 p. m., Wednesday, July 3, 2012.**

File certified applications with the Secretary of the Commonwealth by **5:00 p m., Wednesday, August 1, 2012.**

**NOTE:** Only three public policy questions may be placed on the ballot in any district at one election. The questions will appear on the ballot in the order in which the qualified applications were filed. Questions which are substantially the same as those which appear on the ballot may not be submitted again for three years.

SIGNER INFORMATION

INSTRUCTIONS TO SIGNERS

For your signature to be valid, you must be a registered voter in the city or town named below and your signature should be written substantially as registered.

If you are prevented by physical disability from writing, you may authorize some person to write your name and residence in your presence.

SIGNERS' STATEMENT

We, the undersigned, are qualified voters of the commonwealth and of the above district, and in accordance with the provisions of the law, we request that the above question be submitted to the voters of our district in the next state election so that our Senator or Representative may be instructed.

	CHECK	I. SIGNATURE to be made in person with name substantially as registered (except in case of physical disability as stated above)	II. NOW REGISTERED AT (street, number and apartment number, if any) (city or town will be the same as stated below)	WARD	PREC.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

ONLY REGISTERED VOTERS OF  MAY SIGN THIS SHEET.

ATTENTION VOTERS: Before signing, read signer information on other side. District \_\_\_\_\_

ATTENTION REGISTRARS: Before certifying signatures, see instructions to registrars below.

	CHECK	I. SIGNATURE to be made in person with name substantially as registered (except in case of physical disability as stated on other side)	II. NOW REGISTERED AT (street, number and apartment number, if any) (city or town will be the same as stated below)	WARD	PREC.
13					
14					
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**WARNING - criminal penalty for unlawfully signing, altering, defacing, mutilating, destroying or suppressing this petition: fine of up to \$1,000 or imprisonment for up to one year.**

INSTRUCTIONS TO REGISTRARS

- REGISTRAR INFORMATION
- You must time-stamp or write in date and time these papers are received.
  - Check thus ✓ against the name of each qualified voter to be certified. For names not certified use the code at the right.
  - Draw a line through any blank spaces not containing signatures.
  - Each sheet must be certified by at least three registrars. A facsimile stamp is acceptable.

N - No such registered voter at that address, or address is illegible.

S - unable to identify signature as that of voter because of form of signature, or signature is illegible.

W - wrong community.

T - already signed papers for this question.

Registrars must complete the certification of signatures by Wednesday, July 25, 2012.

CERTIFICATION OF NAMES

We certify that \_\_\_\_\_  
number of names, use numbers and words

above signatures checked thus ✓ are the names of qualified voters from this city or town in the \_\_\_\_\_  
title of district

Check one: ☐ Senatorial ☐ Representative

At least three registrars' names must be signed or stamped below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registrars of Voters or Election Commissioners of \_\_\_\_\_  
city or town

ONLY REGISTERED VOTERS OF City or Town MAY SIGN THIS SHEET.