

JUN 09 2011

KRISTEN MILLARD
MONTCALM COUNTY CLERK

CLARITY HEARING REQUEST

I, JOAN BASEGAN, hereby certify that I am a register voter in the

COE TOWNSHIP, ISABELLA and that this recall petition wording is being submitted for the
COUNTY

recall of Judy K. Emmons from the office of Michigan State Senate

Joan Basegan
Signature of Filer

Kristen Millard
County Clerk

JOAN BASEGAN
Printed name of Filer

June 9, 2011
Date

308 N. FOURTH ST.
Address of Filer

SHEPHERD MI 48883

(989) 506-5573
Telephone Number

Subscribed and sworn to before me on the 9th day of June, 2011.

Kristen Millard
Signature of Notary

Name of Notary: Kristen Millard
Notary Public, State of Michigan, County of Montcalm
My Commission expires: 11-17-2012

INSTRUCTIONS ON REVERSE SIDE

RECALL PETITION

City

We, the undersigned, registered and qualified voters of the Township of _____ in the County of _____ and State of Michigan, petition for the

~~STRIKE ONE~~

calling of an election to recall Judy K Emmons (Name of Officer) from the office of Michigan State Senate (Title of Office) District 33 (District, if Any) for the following reason(s):

Judy K Emmons voted for PA 4 of 2011, commonly known as the "Emergency Financial Manager Law", which grants to State appointed Emergency Financial Managers the power to invalidate, without court orders, legal and binding contracts entered into by duly elected local authorities.

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		
					MONTH	DAY	YEAR
1.	COUNTY CLERK'S OFFICE STANTON, MICHIGAN FILED						
2.							
3.							
4.	JUN 09 2011						
5.	KRISTEN MILLARD MONTGALM COUNTY CLERK						
6.							
7.							
8.							
9.							
10.							
11.							
12.							

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 elector 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 Township of _____ City _____ and State of Michigan, petition for the

City _____

calling of an election to recall Judy K Emmons (Name of Officer) _____ from the office of Michigan State Senate (Title of Office) _____ and State of Michigan, petition for the

_____ District 33 (District, if Any) _____ for the following reason(s):

Judy K. Emmons voted for what is now Public Act 4 of March 16, 2011, formerly Michigan House Bills 4414-4418 and 4416 allowing emergency financial managers sole authority to remove local elected municipal government officials and elected school district board representatives from office.

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✓	SIGNATURE	PRINTED NAME	STREET ADDRESS OR RURAL ROUTE	ZIP CODE	DATE OF SIGNING		
					MONTH	DAY	YEAR
1.	COUNTY CLERK'S OFFICE						
2.	STARON MICHIGAN FILED						
3.							
4.	JUN 09 2011						
5.	KRISTEN WILLARD						
6.	MONTCALM COUNTY CLERK						
7.							
8.							
9.							
10.							
11.							
12.							

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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) _____

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.

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