

Instructions for Filling out Petitions

The purpose of this petition is to place on the ballot in November 2024 a constitutional amendment to the Florida Constitution that women's reproductive choices are hers to make with consultation by her health care provider. **Please read below before completing the form.** For ballots to be counted you must:

- 1) Write legibly.
- 2) Use only Blue or black ink pen.
- 3) Print your name as it appears on your voter registration card.
- 4) Do not cross out anything.
- 5) In the box labelled County it will be Miami-Dade or another Florida county. This is NOT COUNTRY
- 6) Include your date of birth OR voter registration number.
- 7) Sign and date.

Please bring or mail back to Temple Beth Am and we will see that they are properly checked and forwarded to the appropriate address. For Beth Am to get credit in this process, we must send them in. During High Holy Day Services, you can bring to the Will Call table where we will have a lock box - during regular business hours you can bring this to the main office

CONSTITUTIONAL AMENDMENT INITIATIVE PETITION FORM – VOLUNTEER

Amendment Information

Ballot Title: Amendment to Limit Government Interference with Abortion

Ballot Summary: No law shall prohibit, penalize, delay, or restrict abortion before viability or when necessary to protect the patient's health, as determined by the patient's healthcare provider. This amendment does not change the Legislature's constitutional authority to require notification to a parent or guardian before a minor has an abortion.

See separate document for the full text of the proposed constitutional amendment.

Date Approved 05/08/2023 **Serial Number** 2307



Sponsor's Information (Return all completed petition forms to the address below.)

Name: Floridians Protecting Freedom, Inc.

Address: Post Office Box 4068 Sarasota, FL 34230

Voter's Information

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

Name - Last _____ **First** _____ **Middle** _____

Address _____

City _____ **Zip** _____ **County** _____

Update my voter registration record to this address. (check box)

Registration No. **or** **Date of Birth** / /

Signature _____ **Date Signed** / /

Petition Circulator's Information



This Petition form is only to be collected by a volunteer or directly by the voter him or herself.

A paid petition circulator must use the DS-DE 155B version of the form. Forms for paid petition circulators can be obtained from the Division's Paid Petition Circulator website.

Visit <https://dos.elections.myflorida.com/InitiativePetitions/> for more information.

Attention

- This form becomes a public record once filed with the Supervisor of Elections.
- It is a first degree misdemeanor to knowingly sign the same petition more than once. [§104.185, F.S.]
- An improperly completed form will not be validated.