INITIATIVE PETITION SUBMISSION COVER PAGE



MISSOURI SECRETARY OF STATE

Рноме: (800) 669-8683 Weв: http://www.sos.mo.gov

Pursuant to Sections 116.100 and 116.332, RSMo, upon submitting a petition, please provide the following contact information:

DATE OF SUBMISSION		
LAST NAME*	FIRST NAME*	
STREET ADDRESS*		
CITY*	STATE*	ZIP CODE*
PHONE*	EMAIL	
ORGANIZATION		

CHECK ONE*:

A PERSON OR COMMITTEE, OTHER THAN ME, IS FUNDING A PORTION OF THE DRAFTING OR SUBMISSION OF THIS SAMPLE SHEET. AS A RESULT, I AM ATTACHING A COPY OF THE FILED STATEMENT OF COMMITTEE ORGANIZATION REQUIRED UNDER SECTION 130.021.5, RSMO, SHOWING THE DATE THE STATEMENT WAS FILED.

I AFFIRM THAT NO PORTION OF THE DRAFTING OR SUBMISSION OF THIS SAMPLE SHEET HAS BEEN FUNDED BY A PERSON OR COMMITTEE OTHER THAN ME.