CONSTITUTIONAL AMENDMENT INITIATIVE PETITION FORM – VOLUNTEER

Amendment Information

Ballot Title: Protect Voters' Constitutional Power

Ballot Summary: Require constitutional amendment approval for any restrictions on voter's power to propose

amendments.

See separate document for the full text of the proposed constitutional amendment. **Date Approved** 03/20/2025 **Serial Number** 2504 **Sponsor's Information** (Return all completed petition forms to the address below.) Florida Constitutional Amendment Network Name: Address: 11165 SW 75 Terrace Miami, FL 33173 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 _____ _____ Zip _____ County ____ City ____ 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.

DS-DE 155A (10-2021)

R1S-2.009, Fla. Admin. Code