

To the Honorable John Thurston Secretary of State of the State of Arkansas

We, the undersigned registered voters of the State of Arkansas, respectfully propose the following amendment to the constitution of the State, and by this, our petition, order that the same be submitted to the people of said state, to the end that the same may be adopted, enacted, or rejected by the vote of the registered voters of said sates, at the regular general election to be held on the 8th day of November, 2022, and each of us for himself or herself says: I have personally signed this petition; I am a registered voter of the State of Arkansas, and my printed name, date of birth, residence, city or town of residence, and date of signing this petition are correctly written after my signature. **Popular Name:** A Constitutional Amendment to Create the “Arkansas Medical Freedom Amendment”; **Ballot Title:** AN AMENDMENT TO THE ARKANSAS CONSTITUTION TO CREATE THE "ARKANSAS MEDICAL FREEDOM AMENDMENT"; AND TO PROVIDE THAT A PERSON’S MEDICAL FREEDOM SHALL NEVER BE INFRINGED EXCEPT IN THE CIRCUMSTANCE THAT IT IS DEMONSTRATED THAT THE INFRINGEMENT IS IN FURTHERANCE OF COMPELLING PERSONAL INTEREST TO THE INFRINGED INDIVIDUAL, THE VIOLATION IS DONE BY THE PARENT OR LEGAL GUARDIAN OF THE INFRINGED INVIDUAL, THE INFRINGEMENT IS IN ACCORDANCE TO STATE AND LOCAL LAWS, AND THE INFRINGED INVIDUAL IS INCAPABLE OF MAKING PERSONAL MEDICAL DECISIONS BECAUSE OF AGE OR MENTAL INCAPACITY. **Full Text of Amendment attached hereto.**

FOR OFFICE USE ONLY

Valid of

ByDate

	Signature	Printed Name	Date of Birth	Residence	City/Town of Residence	County	Date Signed
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

State of Arkansas, County of [County where Notary signs]

I, , being sworn, state that each of the foregoing persons signed his or her own name to this sheet of the petition in my presence. To the best of my knowledge and belief, each signature is genuine, and each signer is a registered voter of the State of Arkansas, in the County listed. At all times during the circulation of this signature sheet, an exact copy of the Popular Name, Ballot Title, and text was attached to this signature sheet. My current residence address is correctly stated below.

Signature

Current Residence

Indicate one: () Paid Canvasser () Volunteer/Unpaid Canvasser

On this day of , 20 , before me, the undersigned Notary Public, personally appeared , well known to me (or satisfactorily proven by identification documents provided) to be the person described in the foregoing Canvasser Affidavit and acknowledged that s/he executed the same in capacity of a Canvasser for the purposes of fulfilling legal requirements of a Canvasser in the State of Arkansas; and that I personally witnessed the signature of the Canvasser.

Signature of Notary My commission Expires

Residence County of Notary

[Notary Seal]