

## Recall Petition

\_\_\_\_\_ paid circulator \_\_\_\_\_ volunteer

We, the qualified electors of the electoral district from which **John McCain, United States Senator** was elected, demand his recall. The grounds of this demand for recall are as follows:

John McCain has become increasingly obsessed with advancing his own personal agenda contrary to President Bush, party leaders and rank and file Republicans. In his insatiable desire for massive national media attention, he has all but forgotten the people of Arizona who elected him. The last straw was his vote against final passage of President Bush's tax cut plan, the very center piece of George W. Bush's successful presidential campaign. John McCain's legislative judgment is no longer acceptable. He is continually sponsoring or cosponsoring legislation that will weaken the civil liberties guaranteed by the U.S. Constitution.

Signature	Name (first and last name printed)	Residence address (street & no. and if no street address, describe residence location)	Arizona post office Address & zip code	City or town (if any)	Date Signed
1.					
2.					
3.					
4.					
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11.					
12.					
13.					
14.					
15.					

The validity of signatures on this sheet must be sworn to by the circulator before a notary public on the form appearing on the back of this sheet.

Instructions for Circulators

- 1. All petitions shall be signed by circulator.
- 2. Circulator must be qualified to register to vote in this state.
- 3. Circulator's name shall be typed or printed under such person's signature.
- 4. Circulator's residence address or, if no street address, a description of residence location shall be included on the petition.

Affidavit of Circulator

State of Arizona )  
 ) ss.:  
 County of \_\_\_\_\_ )  
 (where notarized)

I, \_\_\_\_\_, a person who is qualified to register to vote in the county of \_\_\_\_\_, in the state of Arizona at all times  
 (print name)

during my circulation of this petition sheet, and under the penalty of a class 1 misdemeanor, depose and say that each individual signed this sheet of the foregoing petition in my presence on the date indicated, and I believe that each signer's name and residence address or post office address are correctly stated and that each signer is a qualified elector of the state of Arizona (or in the case of a city, town or county measure, of the city, town or county affected by the recall) and that I am qualified to register to vote and all signers of this petition are qualified to vote in the recall election.

(Signature of affiant)

\_\_\_\_\_

(Typed or Printed Name)

\_\_\_\_\_

(Residence address, street and number of affiant, or if no street address, a description of residence location)

\_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_.

(Date)

\_\_\_\_\_

Notary Public

\_\_\_\_\_, Arizona.

My commission expires on \_\_\_\_\_.

(Date)