

# PETITION FOR DIRECT LEGISLATION

I, the undersigned, a qualified elector of the City of Madison, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of Madison adopt the following resolution:**

**RESOLVED, the City of Madison, Wisconsin, calls for reclaiming democracy from the corrupting effects of undue corporate influence by amending the United States Constitution to establish that:**

**1. Only human beings, not corporations, are entitled to constitutional rights, and**

**2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."**

POST OFFICE ADDRESS WHEN DIFFERENT FROM MUNICIPALITY IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
Name AND Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information
1. Name: ..... Signature: .....		City of Madison		Email: ..... Phone: ..... Interested in volunteering?:      Yes/Maybe      No
2. Name: ..... Signature: .....		City of Madison		Email: ..... Phone: ..... Interested in volunteering?:      Yes/Maybe      No
3. Name: ..... Signature: .....		City of Madison		Email: ..... Phone: ..... Interested in volunteering?:      Yes/Maybe      No
4. Name: ..... Signature: .....		City of Madison		Email: ..... Phone: ..... Interested in volunteering?:      Yes/Maybe      No
5. Name: ..... Signature: .....		City of Madison		Email: ..... Phone: ..... Interested in volunteering?:      Yes/Maybe      No
6. Name: ..... Signature: .....		City of Madison		Email: ..... Phone: ..... Interested in volunteering?:      Yes/Maybe      No
7. Name: ..... Signature: .....		City of Madison		Email: ..... Phone: ..... Interested in volunteering?:      Yes/Maybe      No
8. Name: ..... Signature: .....		City of Madison		Email: ..... Phone: ..... Interested in volunteering?:      Yes/Maybe      No
9. Name: ..... Signature: .....		City of Madison		Email: ..... Phone: ..... Interested in volunteering?:      Yes/Maybe      No
10. Name: ..... Signature: .....		City of Madison		Email: ..... Phone: ..... Interested in volunteering?:      Yes/Maybe      No

### Certification of Circulator

I, \_\_\_\_\_, certify that I reside at \_\_\_\_\_  
(Name of circulator - please print) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

(Date)

(Signature of circulator)

## PETITION DIRECTIONS

### **People who collect signatures (circulate petitions):**

MUST be 18 years of age or older & a US citizen.

MUST NOT be on probation or parole.

DO NOT have to be residents of Madison.

DO NOT have to be registered to vote.

MUST witness each signature IN PERSON and

SIGN the declaration at the bottom of the sheet.

MUST sign AFTER all the signatures on the sheet have been collected.

This ENTIRE SHEET will be invalid if your signature predates ANY of the others.

### **People who sign the petition:**

MUST be 18 years of age or older & a US citizen.

MUST NOT be on probation or parole.

MUST be residents of Madison (have lived in the city for more than 10 days).

DO NOT have to be registered to vote.

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### **Please either mail this form by Oct. 28 to:**

South Central Wisconsin Move to Amend  
PO Box 3392  
Madison, WI 53704

### **Or drop it off in person by Oct. 29 to one of these locations on the UW-Madison campus:**

Taylor Hall, Room 315  
427 Lorch Street

Student Activity Center, Suite 3129  
333 East Campus Mall

#### **Questions?**

Website: [www.scwmta.org](http://www.scwmta.org)  
Email: [scwmta@gmail.com](mailto:scwmta@gmail.com)  
Phone: (608) 217-0031