

**A PETITION TO AMEND THE FLINT CITY CODE** (1) to exempt patients possessing, delivering or using marihuana for medical purposes, and their primary caregivers from possessing for delivery to such patients from the provisions of the code making it an ordinance violation to possess or use marihuana; and (2) to exempt patients possessing or using marihuana for medical purposes from the provisions of the code making it an ordinance violation to possess a device for use in ingesting, inhaling, or otherwise introducing into the body marihuana by amending Section 31 of the Flint City Code to add a new subsection 31-27.1.1, "MEDICAL EXEMPTION FOR POSSESSION AND USE OF MARIHUANA AND MARIHUANA PARAPHERNALIA." See below and the inside of this petition for the text of this proposal to be voted on at the November 7, 2006 General election, or at the discretion of the Flint City Council, at a special election.

We, the undersigned qualified and registered electors, residents in the City of Flint, County of Genesee, State of Michigan, respectfully petition for initiation of legislation to amend the Flint City Code as set forth on this petition.

**WARNING – a person who knowingly signs this petition more than once, signs a name other than his or her own, signs when not a qualified and registered elector, or sets opposite his or her signature on a petition, a date other than the actual date the signature was affixed, is violating the provisions of the Michigan election law.**

**INITIATIVE PETITION TO AMEND THE FLINT CITY CODE**

	SIGNATURE	PRINTED NAME	STREET ADDRESS	ZIP CODE	DATE OF SIGNING		
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**CERTIFICATE OF CIRCULATOR** This petition contains \_\_\_ signatures.

The undersigned circulator of the above petition swears that he or she is a registered elector of the City of Flint and that each signature on the petition was signed in his or her presence; and that, to his or her best knowledge and belief, each signature is the genuine signature of the person purporting to sign the petition, the person signing the petition was at the time of signing a qualified, registered elector of the City of Flint, and the elector was qualified to sign the petition.

**WARNING – A CIRCULATOR KNOWINGLY MAKING A FALSE STATEMENT IN THE ABOVE CERTIFICATE, A PERSON NOT A CIRCULATOR WHO SIGNS AS A CIRCULATOR, OR A PERSON WHO SIGNS A NAME OTHER THAN HIS OR HER OWN AS CIRCULATOR IS GUILTY OF A MISDEMEANOR.**

Sponsored by: **The Flint Coalition for Compassionate Care**  
318 W. Second Street Apt. B1, Flint, MI 48502

**CIRCULATOR – Do not sign or date certificate until after circulating petition.**

\_\_\_\_\_  
(Signature of Circulator) \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Circulator)

\_\_\_\_\_  
(City or Township Where Registered)

\_\_\_\_\_  
Complete Residence Address (Street and Number or Rural Route) \_\_\_\_\_  
(Zip Code)