

We, the undersigned, registered voters of Minnesota, fully support gender equality to be guaranteed in our state Constitution. We also support passage of a Constitutional amendment by the Minnesota Legislature to allow citizens the ability to vote on this measure in November 2010 AND we endorse and encourage a YES vote on the election ballot.

I affirm that I know the contents and purpose of this petition and that I signed this petition only once and of my free will.

Each petitioner shall sign his or her name in ink and shall indicate his or her place of residence by city and county.
All information must be filled in by person(s) signing the petition unless disability prevents the person(s) from doing so.

1.

Last Name (printed)	First Name	Middle Name	Signature	Date	May we use your name publicly <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (where registered to vote)	City & County		Zip Code	Email Address (optional)	Phone Number (optional)	Senate District

2.

Last Name (printed)	First Name	Middle Name	Signature	Date	May we use your name publicly <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (where registered to vote)	City & County		Zip Code	Email Address (optional)	Phone Number (optional)	Senate District

3.

Last Name (printed)	First Name	Middle Name	Signature	Date	May we use your name publicly <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (where registered to vote)	City & County		Zip Code	Email Address (optional)	Phone Number (optional)	Senate District

4.

Last Name (printed)	First Name	Middle Name	Signature	Date	May we use your name publicly <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (where registered to vote)	City & County		Zip Code	Email Address (optional)	Phone Number (optional)	Senate District

5.

Last Name (printed)	First Name	Middle Name	Signature	Date	May we use your name publicly <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (where registered to vote)	City & County		Zip Code	Email Address (optional)	Phone Number (optional)	Senate District

6.

Last Name (printed)	First Name	Middle Name	Signature	Date	May we use your name publicly <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (where registered to vote)	City & County		Zip Code	Email Address (optional)	Phone Number (optional)	Senate District

7.

Last Name (printed)	First Name	Middle Name	Signature	Date	May we use your name publicly <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (where registered to vote)	City & County		Zip Code	Email Address (optional)	Phone Number (optional)	Senate District

Please return pages to the Minnesota C.A.F.E. Coalition, 550 Rice Street, Saint Paul, MN 55103. Go to www.mnCAFECcoalition.org for a copy of this petition.