

MEDICAL RIGHT TO REFUSE
www.MedicalRight2Refuse.com
Gathering Welcome Letter

Dear Petition Signature Collector-

Thank you for volunteering!

We appreciate your help in gathering 600,000+ signatures for the Medical Right to Refuse Initiative Petition.

Volunteer signature collectors are encouraged to get as many signatures from Ohio registered voters as they can, **AND to teach those signees to duplicate that effort.** The power of exponential growth is amazing. If each person who adds their signature teaches a few more people to gather signatures you will be amazed at how quickly we can reach the half-million mark!

We will continue to collect signatures until we meet the goal of 600,000. If you can send in your packets periodically so we have an idea of how many signatures we got, that would be great. (Address below)

One way you can help, is to mail in signature sheets as you fill up a signature sheet (or more), *complete the accompanying "Statement of Circulator" affidavit(s)*, and drop those pages right into the regular mail. If you wish to use postal tracking, please send the tracking number to info@MedicalRight2Refuse.com.

This will also allow us to spread out the enormous workload as we prepare the paperwork for delivery to the Secretary of State.

We so appreciate you doing this!

Please make sure to:

1. Completely read the enclosed instructions very carefully before collecting any signatures. *Failing to follow the enclosed instructions will result in signatures being disqualified by the state. If you have any questions, please email info@MedicalRight2Refuse.com*
2. Compile all completed signature sheets, as well as your completed "Statement of Circulator" affidavit(s), and send via mail to:

GOIN POSTAL
1268 E ASH ST, #104
PIQUA, OH 45356

Please note that "GOIN POSTAL" is a mail service store, similar to a UPS Store.

If you'd like to download additional forms or find additional information about the initiative, please visit, www.MedicalRight2Refuse.com

If you have any questions or concerns, please email info@MedicalRight2Refuse.com

Thank you for your dedication to this effort!

Important Signature Collector Instructions Below: (Must be a registered voter in Ohio)

1. A signature collector / circulator is an individual in charge of witnessing the affixing of signatures to a petition (watching people sign the petition).
2. Signature collector / circulator **MUST** have available a copy of the enclosed Ballot Initiative Summary and Language for potential signers to review prior to signing the petition. If a signer would like a copy to take with them, you may inform them that they may download a copy at www.MedicalRight2Refuse.com
3. **All signers on a sheet MUST be from the same county. DO NOT mix counties on the same petition signature sheet.** The _____electors on the statement is the number of signatures collected for that county.
4. A signature collector CANNOT sign a petition they are collecting, but MAY sign another signature collector's petition.
5. All petition signatures MUST be witnessed by the signature collector. Petitions CANNOT be left in break rooms, etc.
6. Remember, you are representing this effort, PLEASE exercise good judgment while collecting signatures.
7. Please DO NOT collect signatures on private property without the property owner's permission. Please BE AWARE of local ordinances related to collecting signatures on public property in your municipality. Please also BE AWARE of local ordinances related to collecting signatures door-to-door in your municipality. Please also RESPECT no solicitation signs at residential properties and businesses.
8. If a signature collector / circulator knowingly permits an unqualified person to sign a petition or to sign a name other than his/her own on a petition paper, that entire petition-part becomes invalid.
9. If printing additional signature sheets, DO NOT print double-sided. Sheets that are printed double-sided will result in signatures on back side of sheet being disqualified.
10. A "Statement of Circulator" affidavit MUST accompany submitted signature sheets. One of these "Statement of Circulator" affidavits MUST be completed for EACH county for which signature collector / circulator collected signatures. For example, if you collected signatures from two different counties, you MUST complete a separate "Statement of Circulator" form for EACH county. If you need more "Statement of Circulator" forms, please make photocopies of the "Statement of Circulator" affidavit form before completing or go to the website at www.medicalright2refuse.com.

Important Signer Instructions Below

1. Each signer MUST be a registered voter in Ohio.
2. Each signer MUST legibly complete their entire signature box (name, signature, address, city, zip, county, and date), using ink, preferably blue ink.
3. Address signer provides MUST be their primary residential address and match the address for which they have on file with the Board of Elections. PO Boxes CANNOT be used. ORC 3501.38(G). **No Abbreviations such as Street, Road, Avenue, Circle, Lane, North East, West, South, and Etc. All must be spelled out.**
4. While each signature MUST be dated, not all signatures on a petition signature sheet need to be dated the same. Signatures can be collected on different days.
5. Only an attorney-in-fact filed with the Board of Elections may sign for another individual, in his/her presence. No person shall sign any other name other than his/her own on any petition. No other person may authorize any other person, including a spouse, guardian, or person holding power of attorney, to sign his/her name on any petition. ORC 3501.38(D) and 3501.382(A).
6. If a signer makes an error, they should simply cross out their entire signature box and start completing a new signature box. They CANNOT attempt to correct their mistake, or their signature may be disqualified.

Collecting Signatures at Large Events

Please contact us at info@MedicalRight2Refuse.com for further information and guidance before collecting signatures in a larger volume. If you would welcome a volunteer team to collect signatures at your event, church, club or business please let us know.

MEDICAL RIGHT TO REFUSE

**BE IT RESOLVED BY THE PEOPLE OF THE STATE OF OHIO THAT THE CONSTITUTION OF OHIO IS
HEREBY AMENDED TO ADD SECTION 22 TO ARTICLE I**

NOTICE: Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Ohio Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution. Make Copies for additional signatures and number consecutively.

MUST USE MOST RECENT ADDRESS ON FILE WITH BOARD OF ELECTIONS.

(Sign with ink. Your name and date of signing must be given.)

Printed First Name, Middle Initial, and Last Name		Signature	
Full Address on file with the Board of Elections (Spell out in full, eg: North, South, East, West, Drive, Street, Avenue, etc.)			
City	Zip Code	County	Date of Signing

Printed First Name, Middle Initial, and Last Name		Signature	
Full Address on file with the Board of Elections (Spell out in full, eg: North, South, East, West, Drive, Street, Avenue, etc.)			
City	Zip Code	County	Date of Signing

Printed First Name, Middle Initial, and Last Name		Signature	
Full Address on file with the Board of Elections (Spell out in full, eg: North, South, East, West, Drive, Street, Avenue, etc.)			
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Full Address on file with the Board of Elections (Spell out in full, eg: North, South, East, West, Drive, Street, Avenue, etc.)			
City	Zip Code	County	Date of Signing

MEDICAL RIGHT TO REFUSE

Statement of Circulator

Note to Circulator: One of these "Statement of Circulator" affidavits must be completed for each county for which signature collector / circulator collected signatures. For example, if you collected signatures from two different counties, you must complete a separate "Statement of Circulator" form for each county. If you need more "Statement of Circulator" forms, please make photocopies before completing.

I, _____, declare under penalty of election falsification that I am the circulator of the foregoing petition paper(s) containing the signatures of _____ electors from _____ county, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. **I am a volunteer and not paid to circulate this petition.**

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

(Signed)

(Address of circulator's permanent residence in this state) Number and Street, Road or Rural Route

City, Village or Township

State, Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS
GUILTY OF A FELONY OF THE FIFTH DEGREE**

INITIATIVE PETITION
Amendment to the Constitution
Proposed by Initiative Petition
to be Submitted Directly to the Electors

To the Secretary of State of Ohio: Pursuant to the Ohio Constitution, Article II, Section 1a, the undersigned electors of the State of Ohio, submit the proposed amendment for the approval or rejection of the electors at the next succeeding regular election occurring subsequent to one hundred twenty-five days after the filing of such petition.

TITLE

Medical Right to Refuse

AMENDMENT SUMMARY

To add Section 22 to Article I of the Constitution of the State of Ohio. The proposed amendment would provide that, in Ohio:

(1) Individual's right to refuse any medical procedure, treatment, injection, vaccine, prophylactic, pharmaceutical, or medical device shall be absolute.

(2) No law, rule, regulation, person, employer, entity, or healthcare provider shall require, mandate, or coerce any person to receive or use a medical procedure, treatment, injection, vaccine, prophylactic, pharmaceutical, or medical device nor shall the aforementioned discriminate against the individual who exercises this right.

(3) No other provision of the Ohio Constitution shall impair or limit the rights contained herein.

CERTIFICATION OF THE ATTORNEY GENERAL

Without passing on the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is fair and truthful statement of the proposed statute.

Dave Yost, Ohio Attorney General | June 24, 2022

COMMITTEE TO REPRESENT PETITIONERS

Diana D. Smith, 6785 Smith Road, Bradford, Ohio 45308
Stephanie Stock, P.O. Box 1208, Norton, Ohio 44203
Devon Horsman, 1697 North Laddle Court, Beavercreek, Ohio 45432
Steven Werling, 1434 Barnhart Rd, Troy, OH 45373

AMENDMENT FULL TEXT OF LAW

BE IT RESOLVED BY THE PEOPLE OF THE STATE OF OHIO THAT THE CONSTITUTION OF OHIO IS HEREBY AMENDED TO ADD SECTION 22 TO ARTICLE I TO READ AS FOLLOWS:

Section 22: Medical Right to Refuse

(A) An individual's right to refuse any medical procedure, treatment, injection, vaccine, prophylactic, pharmaceutical, or medical device shall be absolute.

(B) No law, rule, regulation, person, employer, entity, or healthcare provider shall require, mandate, or coerce any person to receive or use a medical procedure, treatment, injection, vaccine, prophylactic, pharmaceutical, or medical device nor shall the aforementioned discriminate against the individual who exercises this right.

(C) No other provision of the Ohio Constitution shall impair or limit the rights contained herein.