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SEP 02 2021

SECRETARY OF STATE

Nebraska Secretary of State

Petition Sponsor Sworn Statement

Petition: Medical Freedom
(Brief description of petition for identification purposes)

Sponsor Name: Michael Connelly

Street Address: 1302 Road L, York Ne 68467

Phone Number: 402-540-6968 Email: Connelly 2022 @ gmail . com

Sponsor Name: KELLI BRADY

Street Address: 1301 BRYAN AVE Bellevue Ne 68005

Sponsor Name: _____

Street Address: _____

Sponsor Name: _____

Street Address: _____

(Please attach copies of this page if there are more than four sponsors.)

STATE OF NEBRASKA)
) ss.
COUNTY OF Lancaster)


I hereby swear that this is a complete list containing the names and street addresses of every person, corporation, or association sponsoring the aforementioned petition.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 2 day of September, 2021
(Day) (Month) (Year)

Michael Leo Connelly
Signature of Sponsor

Subscribed in my presence and sworn to before me this 2nd day of September, 2021
(Day) (Month) (Year)

by Michael Connelly
(Printed name of sponsor appearing before Notary)

(SEAL) 

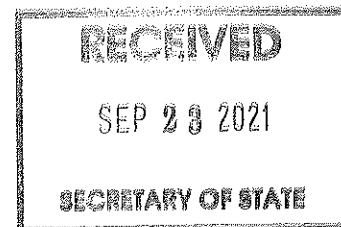
[Signature]
Signature of Notary Public

Medical Freedom Amendment

An amendment to the Constitution of Nebraska is proposed which will protect the citizens of Nebraska against forced medical mandates.

Article I of the Constitution of Nebraska shall be amended by adding a new section 31 as shown:

“No individual, employer, institution, school, private organization, public organization, or governmental authority shall coerce a minor contrary to parental approval, or require an adult, by coercion or force, to receive any type of medical service, medical procedure or vaccine which may infringe upon the person medical freedoms of said minor or adult. Penalties imposed against those mandating the infringement of medical freedoms shall be determined by the Nebraska State Legislature. Said penalties shall be imposed on both the official who established said requirement, and the employee who carried out the requirement. This proposed measure is to be implemented on January 1, 2023.”



INITIATIVE PETITION



For Secretary of State Use Only

The object of this petition is to: (See reverse side for actual text of measure)

An amendment to the Constitution of Nebraska is proposed which will protect the citizens of Nebraska against forced medical mandates.

To the Honorable Robert Evnen, Secretary of State for the State of Nebraska:

We, the undersigned residents of the State of Nebraska and the county of _____, respectfully demand that the following proposed amendment to the Constitution of Nebraska shall be referred to the registered voters of the state for their approval or rejection at the general election to be held on the 8th day of November 2022, and each for himself or herself says: I have personally signed this petition on the date opposite my name; I am a registered voter of the State of Nebraska and county of _____ and am qualified to sign this petition or I will be so registered and qualified on or before the date on which this petition is required to be filed with the Secretary of State; and my printed name, date of birth, street and number or voting precinct, and city, village, or post office address are correctly written after my signature.

WARNING TO PETITION SIGNERS-- VIOLATION OF ANY OF THE FOLLOWING PROVISIONS OF LAW MAY RESULT IN THE FILING OF CRIMINAL CHARGES: Any person who signs any name other than his or her own to any petition or who is not qualified to sign the petition shall be guilty of a Class I misdemeanor. Any person who falsely swears to a circulator's affidavit on a petition, who accepts money or other things of value for signing a petition, or who offers money or other things of value in exchange for a signature upon any petition shall be guilty of a Class IV felony.

#	DATE	SIGNATURE	PRINTED NAME	DATE OF BIRTH	ADDRESS (Street Number & Name)	CITY OR VILLAGE	ZIP CODE
1							
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Not more than twenty signatures on one sheet shall be counted. Nebraska Revised Statute §32-1409

STATE OF NEBRASKA)
) ss _____, (name of circulator) being first duly sworn, deposes and says that he or she is the circulator
 COUNTY OF _____) signed the petition containing _____ signatures, that he or she is at least eighteen years of age, that each person whose name appears on the petition personally
 and that the date was personally affixed by the person signing such petition, that the affiant believes that each signer has written his or her
 name, street and number or voting precinct, and city, village, or post office address correctly, that the affiant believes that each signer was qualified to sign the petition, and that the affiant stated to each signer
 the object of the petition as printed on the petition before he or she affixed his or her signature to the petition.

Circulator

Address

City, State, Zip

Subscribed and sworn to before me, a notary public, this _____ day of _____, 20__ at _____, Nebraska.

(Seal)

Notary Public

Proposed Constitutional Amendment Language:

Article I of the Constitution of Nebraska shall be amended by adding a new section 31 as shown:

No individual, employer, institution, school, private organization, public organization, or governmental authority shall coerce a minor contrary to parental approval, or require an adult, by coercion or force, to receive any type of medical service, medical procedure or vaccine which may infringe upon the person medical freedoms of said minor or adult. Penalties imposed against those mandating the infringement of medical freedoms shall be determined by the Nebraska State Legislature. Said penalties shall be imposed on both the official who established said requirement, and the employee who carried out the requirement. This proposed measure is to be implemented on January 1, 2023.

SAMPLE