Initiative Petition   _State of Nevada_

The People of the State of Nevada do enact as follows:

The Constitution of Nevada is amended by adding Section 23 to Article 1 to read:

Secret ballots in elections for employee representation.

The right of individuals to vote by secret ballot is fundamental and shall be guaranteed where local, state or federal law permits or requires elections, designations, or authorizations for employee representation.

DESCRIPTION OF EFFECT

This initiative would amend the Nevada Constitution to recognize the fundamental right to vote by secret ballot in all elections for employee representation. Secret ballot elections will provide employees the right to vote in privacy to determine majority support for a labor union.

Under current Nevada law, if the responsible governmental administrative agency has a good faith doubt about the majority support of a labor union in a local government workplace, it can order a secret ballot election. Under federal law governing private-sector employees, if thirty percent or more of the employees request a secret ballot election, then the responsible federal administrative agency must hold one. This initiative would require a secret ballot election in every case. A change in federal law would be required for this initiative to be binding in the private-sector workplace.

County of _____   (**Only** registered voters of this county may sign below)

#			PETITION DISTRICT
1	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
2	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
3	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
4	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
5	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
6	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
7	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
8	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
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	YOUR SIGNATURE DATE	CITY COUNTY	

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10	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
11	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
12	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
13	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
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	YOUR SIGNATURE DATE	CITY COUNTY	
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	YOUR SIGNATURE DATE	CITY COUNTY	
16	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
17	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
18	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
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19	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
20	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
21	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	

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22	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
23	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
24	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
25	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
26	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
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	YOUR SIGNATURE DATE	CITY COUNTY	
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	YOUR SIGNATURE DATE	CITY COUNTY	
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	YOUR SIGNATURE DATE	CITY COUNTY	
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	YOUR SIGNATURE DATE	CITY COUNTY	
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	YOUR SIGNATURE DATE	CITY COUNTY	
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	YOUR SIGNATURE DATE	CITY COUNTY	

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County of _____   (<u>Only</u> registered voters of this county may sign below)

#	PRINT YOUR NAME / YOUR SIGNATURE	RESIDENCE ADDRESS / CITY / COUNTY	
34	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
35	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
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	YOUR SIGNATURE DATE	CITY COUNTY	
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	YOUR SIGNATURE DATE	CITY COUNTY	
39	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
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	YOUR SIGNATURE DATE	CITY COUNTY	
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	YOUR SIGNATURE DATE	CITY COUNTY	
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	YOUR SIGNATURE DATE	CITY COUNTY	
43	PRINT YOUR NAME (first, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE	CITY COUNTY	
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46	PRINT YOUR NAME (first, initial, last name)		RESIDENCE ADDRESS ONLY		
	YOUR SIGNATURE	DATE	CITY	COUNTY	
47	PRINT YOUR NAME (first, initial, last name)		RESIDENCE ADDRESS ONLY		
	YOUR SIGNATURE	DATE	CITY	COUNTY	
48	PRINT YOUR NAME (first, initial, last name)		RESIDENCE ADDRESS ONLY		
	YOUR SIGNATURE	DATE	CITY	COUNTY	
49	PRINT YOUR NAME (first, initial, last name)		RESIDENCE ADDRESS ONLY		
	YOUR SIGNATURE	DATE	CITY	COUNTY	
50	PRINT YOUR NAME (first, initial, last name)		RESIDENCE ADDRESS ONLY		
	YOUR SIGNATURE	DATE	CITY	COUNTY	

AFFIDAVIT OF CIRCULATOR

(TO BE SIGNED BY CIRCULATOR)

STATE OF NEVADA   )
)
COUNTY OF _____   )

I, _____, (print name), being first duly sworn under penalty of perjury depose and say: (1) that I reside at

_____ (print street, city and state), (2) that I am 18 years of age or older; (3) that I personally circulated this document, (4) that all signatures were affixed in my presence; (5) that I believe each person who signed was at the time of signing a registered voter in the county of his residence, (6) that the number of signatures affixed thereon is _____, and (7) that each person who signed had an opportunity before signing to read the full text of the act or resolution on which the initiative or referendum is demanded.

_____ Signature of Circulator

Subscribed and sworn to or affirmed before me this

_____ day of _____, _____, by _____

_____
Notary Public or person to administer oath

2010 APR 16 PM 3:45