CONSTITUTIONAL AMENDMENT INITIATIVE PETITION FORM – VOLUNTEER				
Amendment Information				
Ballot Title:	Home Cultivation of Medical Marijuana			
Ballot Summary:	Allows caregivers and adult qualifying patients 21 years or older to cultivate marijuana for medical use by the caregiver's designated qualifying patient or the adult qualifying patient. Cultivation is limited to the cultivator's home. Department of Health shall establish regulations for the amount of marijuana cultivated by individuals. Applies to Florida law; does not change, or provide immunity for violations of, federal law. Allows consistent legislation. Defines terms. Provides effective date and implementation schedule.			
See separate document for the full text of the proposed constitutional amendment.				
Date Approved	02/16/2023	_ Serial Number	2301	
Sponsor's Information (Return all completed petition forms to the address below.) Name: WISE & Free Florida				
Address: 4846 Sun City Center Boulevard # 294 SunCity Center, FL 33573				
Voter's Information I am a registered voter of Florida and hereby petition the Secretary of State to place the above proposed amendment to the Florida Constitution on the ballot in the general election.				
Name - Last	Firs	t	Middle	
Address				
City	Zip		County	
Update my voter registration record to this address. (check box)				
Registration No.		or Date of	Birth M M	
Signature		Date Sig	gned MM	/ D D / Y Y Y Y
Petition Circulator's Information				
This Petition form is only to be collected by a volunteer or directly by the voter him or herself.				
A paid petition circulator must use the DS-DE 155B version of the form. Forms for paid petition circulators can be obtained from the Division's Paid Petition Circulator website.				
Visit https://dos.elections.myflorida.com/InitiativePetitions/ for more information.				
Attention				
 This form becomes a public record once filed with the Supervisor of Elections. It is a first degree misdemeanor to knowingly sign the same petition more than once. [§104.185, F.S.] An improperly completed form will not be validated. 				
DS-DE 155A (10-2021	1)			R1S-2.009, Fla. Admin. Code