

PLEASE PRINT, SIGN AND MAIL THIS PETITION TO:

Howard Jarvis Taxpayers Association  
Attn: Director of Member Services, Dept. 222010  
P.O. Box 14230  
Orange, CA 92863-1230

Petition Number: 0222201077777777



**HOWARD JARVIS TAXPAYERS ASSOCIATION**

OFFICIAL PETITION

To: **My State Assembly Member**  
**And the entire California State Assembly**

*I hereby exercise my right of Petition*, urging you to...

**...VOTE "NO" on Assembly Constitutional Amendment 11 because it would repeal Proposition 13's constitutional requirement of a two-thirds vote in the State Legislature to impose new taxes.** Because of this threat to Prop. 13, I urge your "NO" vote regardless of your position on the ACA 11 Single-Payer "CalCare" Health Care Scheme, and...

**...VOTE "NO" on any Constitutional Amendment that would weaken Proposition 13.**

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_

One of hundreds of thousands of Members and Supporters of the Howard Jarvis Taxpayers Association

Please do not remove the section below. The form will be detached before petitions are released to the State Assembly.

**Yes, Jon:** I'm returning my signed Petition to you so you can compile the thousands you receive and deliver our message to my Assembly representative and the entire State Assembly. To help HJTA protect homeowners and Proposition 13, I am also enclosing a special donation of:

\$25     \$15     Other \$ \_\_\_\_\_

First, Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Contributions or gifts to the Howard Jarvis Taxpayers Association are not tax-deductible.

**Sign up with your e-mail address below to receive taxpayer e-mail updates:**

➔ \_\_\_\_\_@\_\_\_\_\_

Your e-mail address will be used only for communications from HJTA. We will not trade or rent your e-mail address, and you can unsubscribe at any time.

My check is enclosed, payable to Howard Jarvis Taxpayers Association or HJTA.

Please charge \$ \_\_\_\_\_ to my:

Visa                       Mastercard  
 Discover                       American Express

Card #:

Exp. Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Billing ZIP Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_