

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.
 By signing this petition, you are stating that you are in favor of having a licensed marijuana establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition?
Austin Tomlin	<i>Austin Tomlin</i>		[REDACTED]		3/28/17	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kodi Werlein	<i>Kodi Werlein</i>		[REDACTED]		3/28/17	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Andrew James	<i>Andrew James</i>		[REDACTED]		3/28/17	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jerrad Priest	<i>Jerrad Priest</i>		[REDACTED]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
ARON BAYNE	<i>Aron Bayne</i>		[REDACTED]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Dakota Arnold	<i>Dakota Arnold</i>		[REDACTED]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Carly Edwards	<i>Carly Edwards</i>		[REDACTED]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Maurice Sholtz	<i>Maurice Sholtz</i>		[REDACTED]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ernesto Felix	<i>Ernesto Felix</i>		[REDACTED]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mike Thomas	<i>Mike Thomas</i>		[REDACTED]		3-28-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Chad [REDACTED]	<i>Chad [REDACTED]</i>		[REDACTED]		3-28-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - ILLEGIBLE
Kyle [REDACTED]	<i>Kyle [REDACTED]</i>		[REDACTED]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shane Sam	<i>Shane Sam</i>		[REDACTED]		3-28-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Walt Elizabeth Page	<i>Walt Elizabeth Page</i>		[REDACTED]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
PAT Sullivan	<i>Pat Sullivan</i>		[REDACTED]		3-28-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
JEFF GNAZZA	<i>Jeff GNAZZA</i>		[REDACTED]		3-28-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Nicole Wells	<i>Nicole Wells</i>		[REDACTED]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
David P. [REDACTED]	<i>David P. [REDACTED]</i>		[REDACTED]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Don [REDACTED]	<i>Don [REDACTED]</i>		[REDACTED]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Amy [REDACTED]	<i>Amy [REDACTED]</i>		[REDACTED]		3-28-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>



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X Manda L. Isaac	[Signature]		[Redacted]		3/20/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lana Hill	[Signature]		[Redacted]		3/29/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Scott Wain	[Signature]		[Redacted]		3/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Thomas Wolf	[Signature]		[Redacted]		3/20/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Michelle Jones	[Signature]		[Redacted]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sonia Simon	[Signature]		[Redacted]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kathleen Swford	[Signature]		[Redacted]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Marcia Lutz	[Signature]		[Redacted]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Johann Lohme	[Signature]		[Redacted]		3-28-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Donna Lance	[Signature]		[Redacted]		3-28-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
MARK SMITH	[Signature]		[Redacted]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lanny Antoin	[Signature]		[Redacted]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Diana Ruth	[Signature]		[Redacted]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Nancy Reetz	[Signature]		[Redacted]		3/28	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Samuel [Signature]	[Signature]		[Redacted]		3/25/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Hori Williams	[Signature]		[Redacted]		7/26/10	Yes <input type="checkbox"/> No <input type="checkbox"/>
Kaionelle Estlin	[Signature]		[Redacted]		3/27/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jason Foston	[Signature]		[Redacted]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
David Estrady	[Signature]		[Redacted]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
MARK CRINE	[Signature]		[Redacted]		3/28/19	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
			[Redacted]		3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

OUTSIDE
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AUG 20 2019

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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition?
Sandra L. McNeal	<i>[Signature]</i>				3-29-2019	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Glen Morrison	<i>[Signature]</i>				7-29-2018	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John Murphy	<i>[Signature]</i>				7-27-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jay Cook	<i>[Signature]</i>				3-29-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Wils - [unclear]	<i>[Signature]</i>				3-29-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jim James	<i>[Signature]</i>				3-29-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John [unclear]	<i>[Signature]</i>				3-29-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John [unclear]	<i>[Signature]</i>				3/29/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Chris [unclear]	<i>[Signature]</i>				3/29/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Chris [unclear]	<i>[Signature]</i>				3/27/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> ADDRESS
X [unclear]	<i>[Signature]</i>				3-29-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
[unclear]	<i>[Signature]</i>				[unclear]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - ILLEGIBLE
Jo Scalfaro Weber	<i>[Signature]</i>				3/29/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X [unclear]	<i>[Signature]</i>				3-29-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Alex Pave	<i>[Signature]</i>				3-29-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - ILLEGIBLE
Barrel White	<i>[Signature]</i>				3-29-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
19 New Melton	<i>[Signature]</i>				03/30/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
[unclear]	<i>[Signature]</i>				3/30/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John Sander	<i>[Signature]</i>				3/30/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
[unclear]	<i>[Signature]</i>				3/30/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>



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Get Swob	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jim Swob	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
TRISH Donahue	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Nate Hamilton	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Don Beeber	[Signature]	[Redacted]	[Redacted]	[Redacted]	3/30/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
[Redacted]	[Signature]	[Redacted]	[Redacted]	[Redacted]	3/30/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Brenda [Redacted]	[Signature]	[Redacted]	[Redacted]	[Redacted]	3/30/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Donna Pennington	[Signature]	[Redacted]	[Redacted]	[Redacted]	3/30/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ast Pennington	[Signature]	[Redacted]	[Redacted]	[Redacted]	3/30/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
[Redacted]	[Signature]	[Redacted]	[Redacted]	[Redacted]	3/30/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Marc Trone	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Janet [Redacted]	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kevin Tomlin	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ed Hamel	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Andrea [Redacted]	[Signature]	[Redacted]	[Redacted]	[Redacted]	3/30/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kevin [Redacted]	[Signature]	[Redacted]	[Redacted]	[Redacted]	3/30/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
MARK [Redacted]	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X [Redacted]	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X [Redacted]	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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Chris [unclear]	[unclear]	[redacted]	[redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DE Kayleen [unclear]	[unclear]	[redacted]	[redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Virginia Fix	[unclear]	[redacted]	[redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Wanye Isaac	[unclear]	[redacted]	[redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John David	[unclear]	[redacted]	[redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Robert [unclear]	[unclear]	[redacted]	[redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kyle Allen	[unclear]	[redacted]	[redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Wesley [unclear]	[unclear]	[redacted]	[redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lee Joe Jr	[unclear]	[redacted]	[redacted]	11-00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Christina Nelson	[unclear]	[redacted]	[redacted]	3/30/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
GARY DAVID JR	[unclear]	[redacted]	[redacted]	3/30/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
ARON [unclear]	[unclear]	[redacted]	[redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
[unclear]	[unclear]	[redacted]	[redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
[unclear]	[unclear]	[redacted]	[redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kyle [unclear]	[unclear]	[redacted]	[redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
STEPHAN [unclear]	[unclear]	[redacted]	[redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ivo LAVELL	[unclear]	[redacted]	[redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sharon Hoyt	[unclear]	[redacted]	[redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Robert Hyde	[unclear]	[redacted]	[redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Laura Hyde	[unclear]	[redacted]	[redacted]	3-30-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition?
Josie Airsworth	Josie Airsworth	[REDACTED]	[REDACTED]	[REDACTED]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
William B	William B	[REDACTED]	[REDACTED]	[REDACTED]	3/30/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kay Lynn Ocker-Moore	Kay Lynn Ocker-Moore	[REDACTED]	[REDACTED]	[REDACTED]	3-30/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
H. David Moore	H. David Moore	[REDACTED]	[REDACTED]	[REDACTED]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Pon Grier	Pon Grier	[REDACTED]	[REDACTED]	[REDACTED]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
XG Grier	XG Grier	[REDACTED]	[REDACTED]	[REDACTED]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
XG Grier	XG Grier	[REDACTED]	[REDACTED]	[REDACTED]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Olivia Thomas	Olivia Thomas	[REDACTED]	[REDACTED]	[REDACTED]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mike Keadell	Mike Keadell	[REDACTED]	[REDACTED]	[REDACTED]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Elizabeth Zabiedski	Elizabeth Zabiedski	[REDACTED]	[REDACTED]	[REDACTED]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shari Nelson	Shari Nelson	[REDACTED]	[REDACTED]	[REDACTED]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shari Nelson	Shari Nelson	[REDACTED]	[REDACTED]	[REDACTED]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basil B. B. B.	Basil B. B. B.	[REDACTED]	[REDACTED]	[REDACTED]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Doug F. F. F.	Doug F. F. F.	[REDACTED]	[REDACTED]	[REDACTED]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shari Nelson	Shari Nelson	[REDACTED]	[REDACTED]	[REDACTED]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Fern Potts	Fern Potts	[REDACTED]	[REDACTED]	[REDACTED]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mavis Walker	Mavis Walker	[REDACTED]	[REDACTED]	[REDACTED]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Code Good	Code Good	[REDACTED]	[REDACTED]	[REDACTED]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Pepper Good	Pepper Good	[REDACTED]	[REDACTED]	[REDACTED]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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X Richard Probert	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - ADDRESS
Dale Raito	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kevin Gariot	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Merion Rodgers	[Signature]	[Redacted]	[Redacted]	[Redacted]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
James Nelson	[Signature]	[Redacted]	[Redacted]	[Redacted]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ilona Almond	[Signature]	[Redacted]	[Redacted]	[Redacted]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tandy Raito	[Signature]	[Redacted]	[Redacted]	[Redacted]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Nichol Raito	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John L. Graff	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Wagon Fleming	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tom Shepherd	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Don Shepherd	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Donald Sanford	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Tom Raito	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - ILLEGIBLE
Greg Raito	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Caroline Williams	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shirley Baker	Glenn E. Burnham	[Redacted]	[Redacted]	[Redacted]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>



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X <u>Choles</u>	<u>[Signature]</u>				<u>3/3</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Christina Gosh</u>	<u>[Signature]</u>				<u>3/31</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>[Name]</u>	<u>[Signature]</u>				<u>3/31</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X <u>Carrie Rickson</u>	<u>[Signature]</u>				<u>3/31</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X <u>[Name]</u>	<u>[Signature]</u>				<u>3/31</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Earl Kain</u>	<u>[Signature]</u>				<u>3/31</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Pat Case</u>	<u>[Signature]</u>				<u>3/31</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Chris Schweigert</u>	<u>[Signature]</u>				<u>3/31</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Jessica Kanora</u>	<u>[Signature]</u>				<u>3/31</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Paula Capron</u>	<u>[Signature]</u>				<u>3/31</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>David Vance</u>	<u>[Signature]</u>				<u>3/31</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>STEPHAN [Name]</u>	<u>[Signature]</u>				<u>3/31</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Alex [Name]</u>	<u>[Signature]</u>				<u>3-31</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Howard [Name]</u>	<u>[Signature]</u>				<u>3-31</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>LARA [Name]</u>	<u>[Signature]</u>				<u>3-31</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>[Name]</u>	<u>[Signature]</u>				<u>3-31</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>George [Name]</u>	<u>[Signature]</u>				<u>3/31</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

- NO LAST NAME

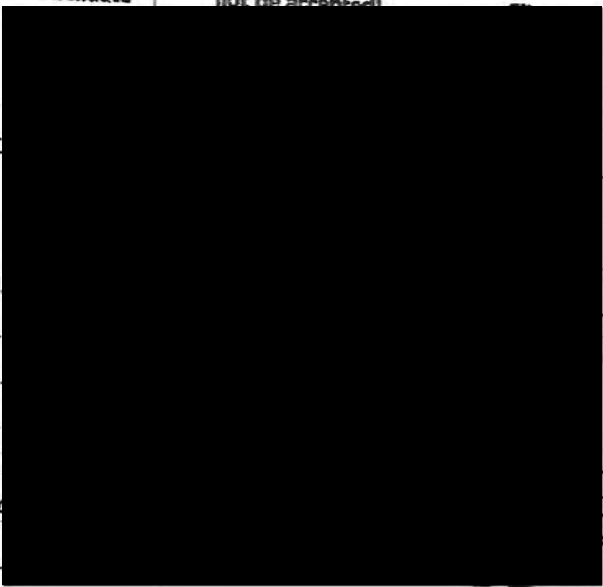
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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	Date Signed	Are you in support of this petition?
Ashley Jernigan	<i>[Signature]</i>			7/12/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Gary Davis	<i>[Signature]</i>			7/11/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X B. ...	<i>[Signature]</i>			8/11/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - ILLEGIBLE
Liquor ...	<i>[Signature]</i>				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
BILLIE L. SHUM	<i>[Signature]</i>			7-11-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Sean Buckle	<i>[Signature]</i>			7/9/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Kris Marlitt	<i>[Signature]</i>			7/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Brittany ...	<i>[Signature]</i>			7-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X ...	<i>[Signature]</i>			7-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>



- ILLEGIBLE

} ADDRESS



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 By signing this petition, you are stating that you are in favor of having a licensed marijuana establishment in your community:

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>X</i> Charlene Crane	<i>Charlene Crane</i>	[REDACTED]	[REDACTED]	[REDACTED]	3/29/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sahroy Thomas	<i>Sahroy Thomas</i>	[REDACTED]	[REDACTED]	[REDACTED]	3/29/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Chris Charles	<i>Chris Charles</i>	[REDACTED]	[REDACTED]	[REDACTED]	3/29/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Chloe Charles	<i>Chloe Charles</i>	[REDACTED]	[REDACTED]	[REDACTED]	3/29/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jessica Lane	<i>Jessica Lane</i>	[REDACTED]	[REDACTED]	[REDACTED]	3/29/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Eric Marston	<i>Eric Marston</i>	[REDACTED]	[REDACTED]	[REDACTED]	3/29/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
				Tok, AK		Yes <input type="checkbox"/> No <input type="checkbox"/>
				Tok, AK		Yes <input type="checkbox"/> No <input type="checkbox"/>
				Tok, AK		Yes <input type="checkbox"/> No <input type="checkbox"/>
				Tok, AK		Yes <input type="checkbox"/> No <input type="checkbox"/>
				Tok, AK		Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

- ADDRESS



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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition?
Justin Clark	[Signature]					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Hillary Demit	[Signature]					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
VALERIE HALL	[Signature]					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
[Signature]	[Signature]					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phillip Dale	[Signature]					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Abrian Dale	[Signature]					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Josh Dillard	[Signature]					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Moore John	[Signature]					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - OUTSIDE TOK
Imberh John	[Signature]					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - OUTSIDE TOK
X Jarell Dunn	[Signature]					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - OUTSIDE TOK
Fichlee Copper	[Signature]					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - OUTSIDE TOK
Chrissa David	[Signature]					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X KEV THOMAS	[Signature]					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X TAVINIA JIVERS	[Signature]					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> } NOT TOK
Tricia Christianson	[Signature]					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> } NOT TOK
[Signature]	[Signature]					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
LeTitia Rhodes	[Signature]					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shonie E. Eard	[Signature]					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lische Wilber	[Signature]					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X [Signature]	[Signature]					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - OUTSIDE 5 MILE



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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition?
Tracy Cronk	[Signature]	[Redacted]	[Redacted]	[Redacted]	3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Scott Holmes	[Signature]	[Redacted]	[Redacted]	[Redacted]	3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bill Lance	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-28-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Billy Lance JR.	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-28-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Donald Hantz	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-28-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
James Burnham	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-28-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
James White	[Signature]	[Redacted]	[Redacted]	[Redacted]	3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ben Mac Murray	[Signature]	[Redacted]	[Redacted]	[Redacted]	3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Bradley R. Howard	[Signature]	[Redacted]	[Redacted]	[Redacted]	3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - DUPLICATE
Cornel Brinkman	[Signature]	[Redacted]	[Redacted]	[Redacted]	3/28/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Amber Mitchell	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-28-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - ADDRESS
Oney O'Neil	[Signature]	[Redacted]	[Redacted]	[Redacted]	3-28-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

AUG 20 2019

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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	Date Signed	Are you in support of this petition?
Troy Lockes	<i>Troy Lockes</i>	[REDACTED]	[REDACTED]	3/2/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Eric Van Dusen	<i>Eric Van Dusen</i>	[REDACTED]	[REDACTED]	3/8/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X James Bennett	<i>James Bennett</i>	[REDACTED]	[REDACTED]	3/5-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Brenten Idler	<i>Brenten Idler</i>	[REDACTED]	[REDACTED]	3-3-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sydney Robinson	<i>Sydney Robinson</i>	[REDACTED]	[REDACTED]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
J. L. HAMER	<i>J. L. Hamer</i>	[REDACTED]	[REDACTED]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
M.L. STEWART	<i>M.L. Stewart</i>	[REDACTED]	[REDACTED]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DOUG BERNHART	<i>Doug Bernhart</i>	[REDACTED]	[REDACTED]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Carl Weiss J.	<i>Carl Weiss J.</i>	[REDACTED]	[REDACTED]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Robert L. SMITH	<i>Robert L. Smith</i>	[REDACTED]	[REDACTED]	3-21-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bryan Faden	<i>Bryan Faden</i>	[REDACTED]	[REDACTED]	3-21-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Max Johnson	<i>Max Johnson</i>	[REDACTED]	[REDACTED]	3-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Durmon STANLEY	<i>Durmon Stanley</i>	[REDACTED]	[REDACTED]	3-8-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bog Afton	<i>Bog Afton</i>	[REDACTED]	[REDACTED]	3-31-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Robert S. GARDNER	<i>Robert S. Gardner</i>	[REDACTED]	[REDACTED]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ainsie Able	<i>Ainsie Able</i>	[REDACTED]	[REDACTED]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Fel Morris	<i>Fel Morris</i>	[REDACTED]	[REDACTED]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X JENNIE MORRIS	<i>Jennie Morris</i>	[REDACTED]	[REDACTED]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Darleena Williams	<i>Darleena Williams</i>	[REDACTED]	[REDACTED]	3/31/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		[REDACTED]	[REDACTED]		Yes <input type="checkbox"/> No <input type="checkbox"/>

} NOT TOK

- ILLEGIBLE ADDRESS

- DOB

- DOB

AUG 21 2019

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.
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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition?
Shirley Marshall	Shirley Marshall	[REDACTED]	[REDACTED]	[REDACTED]	April 19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Brooke R Baker	Brooke R Baker	[REDACTED]	[REDACTED]	[REDACTED]	April 19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kathy Morgan	Kathy Morgan	[REDACTED]	[REDACTED]	[REDACTED]	4-4-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Donna's Low	Donna's Low	[REDACTED]	[REDACTED]	[REDACTED]	4-4-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Brend Austin	Brend Austin	[REDACTED]	[REDACTED]	[REDACTED]	4-4-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Desiree Ferguson	Desiree Ferguson	[REDACTED]	[REDACTED]	[REDACTED]	4-4-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sharon Penick	Sharon Penick	[REDACTED]	[REDACTED]	[REDACTED]	4-4-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
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						Yes <input type="checkbox"/> No <input type="checkbox"/>
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						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

AUG 20 2019
 CLERK OF COURT

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.
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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
James LaGrange	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	4-4-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ashley May	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	4-4-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
ROBERT A. MARWING	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	4-4-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John [unclear]	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	4-4-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Robin Davidson	ROBIN DAVIDSON	[REDACTED]	[REDACTED]	[REDACTED]	4-4-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ernest Kleinert	ERNEST KLEINERT	[REDACTED]	[REDACTED]	[REDACTED]	4-4-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Rachel Cardewood	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	4/4/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Stacy Caldwell	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	4/4/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Janita Well	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	4/4/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ray Clary	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	4/4/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Samir Elmas	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	4/4/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ed Green	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	4/4/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
TROY ROBINSON	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	4/4/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sheila Winterski	Sheila Winterski	[REDACTED]	[REDACTED]	[REDACTED]	4/4/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>



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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
Jeff Scott	<i>Jeff Scott</i>				4/5	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Christy James	<i>Christy James</i>				4/5	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
William Wee	<i>William Wee</i>				4/5	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Dwight Williams	<i>Dwight Williams</i>				4/5/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tod Young	<i>Tod Young</i>				4-5-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Dorothy	<i>DOROTHY</i>				4-5-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tarqueline Wilson	<i>Tarqueline Wilson</i>				4/5/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Alan Allison Jr	<i>Alan Allison Jr</i>				4/5/19	Yes <input type="checkbox"/> No <input type="checkbox"/>
Michael Ventre	<i>Michael Ventre</i>				4/5/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tarrant Joe	<i>Tarrant Joe</i>				4/5/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John Lee	<i>John Lee</i>				4/5/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kenny Dowell	<i>Kenny Dowell</i>				4/5/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ronny Omta	<i>Ronny Omta</i>				4/5/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tanya Omta	<i>Tanya Omta</i>				4/5/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Cassie Omta	<i>Cassie Omta</i>				4/5/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jane Teague	<i>Jane Teague</i>				4/5/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Gary L Ramer	<i>Gary L Ramer</i>				4/5/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Amber Omta	<i>Amber Omta</i>				4/5/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Charles Leback	<i>Charles Leback</i>				4-5-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Dennis Bisco	<i>Dennis Bisco</i>				4-5-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>



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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition?
DUISE MARSHALL	<i>[Signature]</i>				4/5/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Dannice Rudge	<i>[Signature]</i>				4/5/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Daryl Bonikson	<i>[Signature]</i>				4-5-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jill Powell	<i>[Signature]</i>				4-5-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>X</i> Daniel Rye	<i>[Signature]</i>				4-5-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Cara McDermott	<i>[Signature]</i>				4-5-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jerry Holden	<i>[Signature]</i>				4-5-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jenny Pompa	<i>[Signature]</i>				4-5-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Yvonne Hooper	<i>[Signature]</i>				4-5-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jessica Klame	<i>[Signature]</i>				4-5-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Geraldine Harris	<i>[Signature]</i>				4-5-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Helen Venne	<i>[Signature]</i>				4-5-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kenneth Hagen	<i>[Signature]</i>				4-5-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
RON SAKALASKAS	<i>[Signature]</i>				4-5-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Terry L Coors	<i>[Signature]</i>				4-5-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ken Gray	<i>[Signature]</i>				4-5-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mark Gray	<i>[Signature]</i>				4/5/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
King Brown	<i>[Signature]</i>				4/5/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Levi Tucker	<i>[Signature]</i>				4/5/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Stacy Jensen	<i>[Signature]</i>				4/5/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

ADDRESS



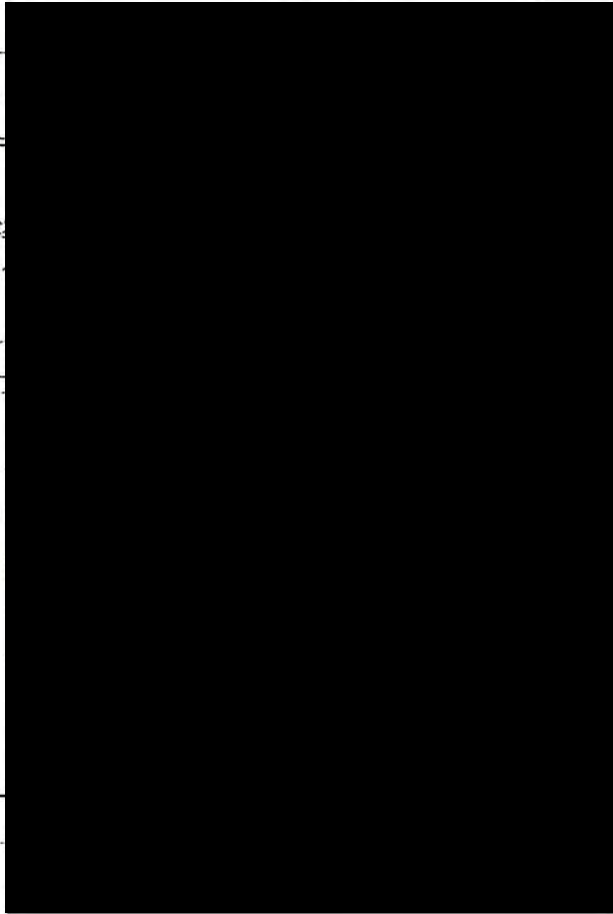
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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition?
Jeanette L. Weaver	<i>Jeanette L. Weaver</i>	[REDACTED]	[REDACTED]	[REDACTED]	July 21, 2019	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
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						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>



Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.
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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Indy Koestler</i>	<i>Indy Koestler</i>				<i>7-14-19</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>Diana L. CHIAN</i>	<i>Diana Ordman</i>				<i>7-14-19</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>Kelly Conroy</i>	<i>Kelly Conroy</i>				<i>7/14/19</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>Zick Kaimo</i>	<i>Zick Kaimo</i>				<i>7-14-19</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>Jan Schumbach</i>	<i>Jan Schumbach</i>				<i>7-14-19</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>Jana Fehrnbacher</i>	<i>Jana Fehrnbacher</i>				<i>7-14-19</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>Karen Page</i>	<i>Karen Page</i>				<i>7-14-19</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>HILL STUCK</i>	<i>Hill Stuck</i>				<i>7-14</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>Charles Heinen</i>	<i>Charles Heinen</i>				<i>7/14</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>R. J. Zaczka</i>	<i>R. J. Zaczka</i>					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>Isbell</i>	<i>Isbell</i>				<i>7-14</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>Amanda Crais</i>	<i>Amanda Crais</i>				<i>7-14</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>Derrick Neal</i>	<i>Derrick Neal</i>				<i>7-14</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>Collin</i>	<i>Collin</i>				<i>7-14</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>Brandon Jammie</i>	<i>Brandon Jammie</i>				<i>7-14</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>



ILLEGIBLE

ILLEGIBLE



Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.
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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition?
<i>Amber Mitchell</i>	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X <i>De Leithman</i>	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X <i>John Davidson</i>	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -DUPLICATE
<i>Shannon Kiehl</i>	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -DUPLICATE
<i>Johnny Thomas</i>	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X <i>Wade Johnson</i>	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -DUPLICATE
<i>KATHY MORGAN</i>	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -DUPLICATE
<i>Joshua Miller</i>	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X <i>Brett Blackstock</i>	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -DUPLICATE
<i>Richard Pedrot</i>	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -DUPLICATE
X <i>Samuel Nelson</i>	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -DUPLICATE
X <i>Megan Rodgers</i>	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -DUPLICATE
X <i>GARD BITTO</i>	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -DUPLICATE
X <i>Robin Davidson</i>	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -DUPLICATE
<i>Flora Joe</i>	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	Date Signed	Are you in support of this petition?
AY Champagne	[Signature]	[Redacted]	[Redacted]	7-15-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Linda Champagne	[Signature]	[Redacted]	[Redacted]	7-16-19	Yes <input type="checkbox"/> No <input type="checkbox"/>
Derek Arnold	[Signature]	[Redacted]	[Redacted]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
ALAN PAGE	[Signature]	[Redacted]	[Redacted]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
HUNTER KEYS	[Signature]	[Redacted]	[Redacted]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Chris Lawson	[Signature]	[Redacted]	[Redacted]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Patene R Bray	[Signature]	[Redacted]	[Redacted]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Elaine Brigner-Hall	[Signature]	[Redacted]	[Redacted]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Steve Hall	[Signature]	[Redacted]	[Redacted]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ben Swartzhardt	[Signature]	[Redacted]	[Redacted]	7-13-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jeffrey Stevenson	[Signature]	[Redacted]	[Redacted]	7-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Jamila Wells	[Signature]	[Redacted]	[Redacted]	7-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -DUPLICATE
X Brian Stitt	[Signature]	[Redacted]	[Redacted]	7-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -ILLEGIBLE
Sierra Lane	[Signature]	[Redacted]	[Redacted]	7-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jessie Sanford	[Signature]	[Redacted]	[Redacted]	7-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Janice Hauser	[Signature]	[Redacted]	[Redacted]	7-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
APRIL RAOUL	[Signature]	[Redacted]	[Redacted]	7-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Nancy Williams	[Signature]	[Redacted]	[Redacted]	7-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Terry Wesley	[Signature]	[Redacted]	[Redacted]	7-14-19	Yes <input type="checkbox"/> No <input type="checkbox"/>



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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition?
Judd Rutledge	<i>Judd Rutledge</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Darnice Rutledge	<i>Darnice Rutledge</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Charlotte Troupe	<i>Charlotte C. Troupe</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
GERARD Joe	<i>Gerard Joe</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Garrett Frank	<i>Garrett Frank</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Artwan Sadek	<i>Artwan Sadek</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Raymond Frank	<i>Raymond Frank</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Daniel Thomas	<i>Daniel Thomas</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John Lyke	<i>John Lyke</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Jim James	<i>Jim James</i>				8-14-17	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Claire Silas	<i>Claire Silas</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John Joe	<i>John Joe</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Clara R. Sam	<i>Clara R. Sam</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shanna Joe	<i>Shanna Joe</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Patt: Views	<i>Patt: Views</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Michael Mayo	<i>Michael Mayo</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B. DEHN	<i>B. Dehn</i>				8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Cassidy Nelson	<i>Cassidy Nelson</i>				8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Elizabeth Page	<i>Elizabeth Page</i>				8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Josh Demit Sr	<i>Josh Demit Sr</i>				8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

- DUPLICATE

- OUTSIDE 5

- DUPLICATE

- OUTSIDE 5

- LEGAL NAME

- DUPLICATED ADDRESS



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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition?
BRANDYN KOSACHUK	<i>[Signature]</i>				8/6/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X [REDACTED]					8/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sheldon Wolfe	<i>[Signature]</i>				8/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ariana Eschenbacher	<i>[Signature]</i>				8/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Janet Tolliver	Janet P. Tolliver				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
ZOLAN McALISTO	<i>[Signature]</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kassandra Clegg	<i>[Signature]</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Brian Kerla	<i>[Signature]</i>				8/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Misty McAlisto	<i>[Signature]</i>				8/12/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ruby Smith	<i>[Signature]</i>				8/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

- NOT 21



Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.
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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Austin Brown					14 Aug 19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Jeremy Edwards					14 Aug 19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Katina Charles					8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Lorena Fittney					8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Seal Kraenbourg					8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
X Ben Clement					8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	- NO LAST NAME
X Justin West					8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	- DUPLICATE
X [Illegible]					8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	- ILLEGIBLE ADDRESS
X Willie Joe Batchelder					8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	- ADDRESS
X Robyn Richards					8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	- ADDRESS
HENRY K TIMM					8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Mary E Timm	Mary E Timm				8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Brian W Horan					8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Rodney Evans					8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Kyle Gene					8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Billy K Som					8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
LEE JAMES SR.					8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Robert P. Dault					8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	- OUTSIDE 5 MILE
[Illegible]						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	- ILLEGIBLE

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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
X Julian Rauch	<i>Julian Rauch</i>	[REDACTED]	[REDACTED]	[REDACTED]	8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -DUPLICATE
X Bryant Bell	<i>Bryant Bell</i>	[REDACTED]	[REDACTED]	[REDACTED]	8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -DUPLICATE
BILLY SAMSr	<i>Billy Samsr</i>	[REDACTED]	[REDACTED]	[REDACTED]	6/18/19	Yes <input type="checkbox"/> No <input type="checkbox"/>
Martin Marshall	<i>Martin Marshall</i>	[REDACTED]	[REDACTED]	[REDACTED]	8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Bryan Jammie	<i>Bryan Jammie</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -DUPLICATE
Shokhar Fox	<i>Shokhar Fox</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -ADDRESS
Cathie Loh	<i>Cathie Loh</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Terril Smulo	<i>Terril Smulo</i>	[REDACTED]	[REDACTED]	[REDACTED]	8/14/19	Yes <input type="checkbox"/> No <input type="checkbox"/> -ADDRESS
Cathy Ketchener	<i>Cathy Ketchener</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Dakota David	<i>Dakota David</i>	[REDACTED]	[REDACTED]	[REDACTED]	8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -DUPLICATE
Pristella Joe	<i>Pristella Joe</i>	[REDACTED]	[REDACTED]	[REDACTED]	8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ryan G	<i>Ryan G</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bryan Jammie	<i>Bryan Jammie</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -ADDRESS
David Kendrick	<i>David Kendrick</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
David Kendrick	<i>David Kendrick</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -ADDRESS
Enka Hendren	<i>Enka Hendren</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -ADDRESS
Ray David Sr	<i>Ray David Sr</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Curtis Sam	<i>Curtis Sam</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Herman Gene	<i>Herman Gene</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Darin Mark	<i>Darin Mark</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-14	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

AUG 20 2019

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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition?
Judy Komorowski	Judy Komorowski				8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ernie Titus	Ernie Titus				8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Dubbie Titus	Jessie Titus				8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
E. J. Wall	E. J. Wall				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kathy Johnson	Kathy Johnson				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Derrick Joe	Derrick Joe				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Diane John	Diane John				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bernice Joe	Bernice Joe				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
JOHN RUPERT	John Rupert				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Peter A Erickson	Peter A Erickson				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Vicky Erickson	Vicky Erickson				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Terry Hicks	Terry Hicks				8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

-DUPLICATE

-ADDRESS

AUG 20 2013

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.
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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition?
Anita Jue	<i>Anita Jue</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Norma Gene Jue	<i>Norma Gene Jue</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Terney Sanford	<i>Terney Sanford</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Harold Fuchs	<i>Harold Fuchs</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Dena Paul	<i>Dena Paul</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shane Champagne	<i>Shane Champagne</i>				8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phil Keruff	<i>Phil Keruff</i>				8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
LEONA KERRIFF	<i>Leona Keruff</i>				8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Angela	<i>Angela</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jonathan Palmer	<i>Jonathan Palmer</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Trevor Joe	<i>Trevor Joe</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Amy Titus	<i>Amy Titus</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Aug L. Titus	<i>Aug L. Titus</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Logan Churchwell	<i>Logan Churchwell</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John Lee	<i>John Lee</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Rory Warren	<i>Rory Warren</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Floyd Gene	<i>Floyd Gene</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Wendell Gene	<i>Wendell Gene</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Leonard Mark	<i>Leonard Mark</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

OUTSIDE 5 MILE
 - DUPLICATE
 - DOB
 - ILLEGIBLE / NOT SIGNED
 - DUPLICATE
 - DUPLICATE
 - DUPLICATE
 - DUPLICATE
 - OUTSIDE 5

AUG 20 2019

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.
 By signing this petition, you are stating that you are in favor of having a licensed marijuana establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition?
Corey Probert - Jun	<i>Corey Probert</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ted Wempierre	<i>Ted Wempierre</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Doree Biskowski	<i>Doree Biskowski</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tamara Jean Wertz	<i>Tamara Jean Wertz</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tim L Nelson	<i>Tim L Nelson</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Jack Turk	<i>Jack Turk</i>				8-18-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - DAB
David Calle	<i>David Calle</i>				8-18-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Brenda Curtis	<i>Brenda Curtis</i>				8-18-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Brian Thompson	<i>Brian Thompson</i>				8-18-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

AUG 20 2019

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.
 By signing this petition, you are stating that you are in favor of having a licensed marijuana establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Luke Lyman	<i>[Signature]</i>				8/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Angeleno Isaac	<i>[Signature]</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Marissa David	<i>[Signature]</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Preston Henry	<i>[Signature]</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Darien Isaac	<i>[Signature]</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
JR Isaac	<i>[Signature]</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mike Eberhard	<i>[Signature]</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
JAMES ADERMAN	<i>[Signature]</i>				9/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Jocelyn BPN 054	<i>[Signature]</i>				8/17/19	Yes <input type="checkbox"/> No <input type="checkbox"/>
Laura David	<i>[Signature]</i>				8/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John Vicdan	<i>[Signature]</i>				8/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Eddie Joe	<i>[Signature]</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Robert L. Chalk	<i>[Signature]</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Robert Burches	<i>[Signature]</i>				8/17/19	Yes <input type="checkbox"/> No <input type="checkbox"/>
X Shaylor Sam	<i>[Signature]</i>				8/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Laura Curt	<i>[Signature]</i>				8/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ethel Sakalaska	<i>[Signature]</i>				8/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Linda B. Orr	<i>[Signature]</i>				8/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Sun Rico	<i>[Signature]</i>				8/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Amanda Hokkara	<i>[Signature]</i>				8/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

- ADDRESS

- OUTSIDE 5 MILE

- OUTSIDE 5 MILE

- ADDRESS

- ADDRESS

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AUG 20 2019

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.
 By signing this petition, you are stating that you are in favor of having a licensed marijuana establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
David Allezar Jr	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Nancy Joe	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Norman Sam	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jimmy Joe	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Anthony Christians	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Traci Grey Owl	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-15-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Norma Joe	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lelan E Joe	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X CLAN PAGE	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	8/14/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Carissa Neal	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	8/15/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
WALTER SANTIAGO	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-15-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Tommy Isaac	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
James Joe	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Patrick Joe	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Larry Mark Sr	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	8/15/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Larry Mark Jr	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-15-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shertine Joe	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-15-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shaylene Joe	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-15-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Eddie Joe	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-15-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Marlene Sam	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	8-15-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

- ADDRESS

- DUPLICATE

- DUPLICATE

- DUPLICATE

CANNOT VERIFY ADDRESSES

419 20 2313

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.
 By signing this petition, you are stating that you are in favor of having a licensed marijuana establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Dennis Telles	<i>[Signature]</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Janet Telles	<i>[Signature]</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Robert Meka	<i>[Signature]</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Willy James	<i>[Signature]</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Helena Fix	<i>[Signature]</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John Terwilliger	<i>[Signature]</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Francisco	<i>[Signature]</i>					Yes <input type="checkbox"/> No <input type="checkbox"/>
Lisa Lucien	<i>[Signature]</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lynette Ostrom	<i>[Signature]</i>				8-15-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Donald Ostrom	<i>[Signature]</i>				8-15-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Christophor Datt	<i>[Signature]</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Joseph Peonces	<i>[Signature]</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Miscuana Rajak	<i>[Signature]</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
David McDermott	<i>[Signature]</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Stephanie McDermott	<i>[Signature]</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Wanda David	<i>[Signature]</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kyle Alan	<i>[Signature]</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Henry Grimm	<i>[Signature]</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Megan Tucker	<i>[Signature]</i>				8-14-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

CANNOT VERIFY ADDRESS

OUTSIDE 5 MILES

AUG 24 2019

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.
 By signing this petition, you are stating that you are in favor of having a licensed marijuana establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition?
x Bequeline Young	<i>Bequeline Young</i>	[REDACTED]	[REDACTED]	[REDACTED]	8/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
x Diane E Young	<i>Diane E Young</i>	[REDACTED]	[REDACTED]	[REDACTED]	8/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

-DUPLICATE
-DUPLICATE

AUG 21 2019

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.
 By signing this petition, you are stating that you are in favor of having a licensed marijuana establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>	
X Ashley Nyswander	<i>Ashley Nyswander</i>				8/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	- ADDRESS
Marilyn Paul	<i>Marilyn Paul</i>				8/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	OUTSIDE 5 MILE
X Lily Albert	<i>Lily Albert</i>				8/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	- 5 MILE
X Trevor Joe	<i>Trevor Joe</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	- DUPLICATE
Trevor Joe	<i>Trevor Joe</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Herman Case	<i>Herman Case</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Ray David Jr	<i>Ray David Jr</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	- ADDRESS
DAVID MARK	<i>David D. Mack</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	- ADDRESS
X Bentley Mark III	<i>Bentley Mark III</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	OUTSIDE 5 MILE
X Sharon David	<i>Sharon David</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	OUTSIDE 5 MILE
X Leonard Mark	<i>Leonard Mark</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	OUTSIDE 5 MILE
Craig Paul	<i>Craig Paul</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
X Steven Copeland	<i>Steven Copeland</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	OUTSIDE 5 MILE
X Tisha Paul	<i>Tisha Paul</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Lloyd Thomas	<i>Lloyd Thomas</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	- ADDRESS
Caroline Sam	<i>Caroline Sam</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
X VIRGIL JOHN	<i>Virgil John</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	- ADDRESS
Scott Sam	<i>Scott Sam</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Patrick Joe	<i>Patrick Joe</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Chilton Joe	<i>Chilton Joe</i>				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

AUG 20 2019

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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
Andrew David	Andrew David				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Rachel White	Rachel White				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Matthew Nelson	Matthew Nelson				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bryant Bell	Bryant Bell				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Monica Edwards	Monica Edwards				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Glenn Stefan	Glenn Stefan				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Emma Apok	Emma Apok				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Robert Brooks	Robert Brooks				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Evelyn Paul	Evelyn Paul				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Dakota David	Dakota David				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Danielle Brunell	Danielle Brunell				8/17/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
Joc faulise	Joc faulise				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Teresa Faulse	Teresa Faulse				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Paula Xorum	Paula Xorum				8-17-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

-DUPLICATE
-DUPLICATE

OUTSIDE 5-MILES

E102-07-501V

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.
 By signing this petition, you are stating that you are in favor of having a licensed marijuana establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
Kyle Allan	<i>Kyle Allan</i>				9/23/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Meranda Sam	<i>Meranda Sam</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shawna Sam	<i>Shawna Sam</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Colton Tee	<i>Colton Tee</i>				9-23/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ronnie Tee	<i>Ronnie Tee</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tammy Sue	<i>Tammy Sue</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lue Frank	<i>Lue Frank</i>				9/23/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tisha Paul	<i>Tisha Paul</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
David Paul	<i>David Paul</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Davis Paul	<i>Davis Paul</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Chris Vantreeck	<i>Chris Vantreeck</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shannon Sam	<i>Shannon Sam</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Scott Krenenberg	<i>Scott Krenenberg</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Pam Sam	<i>Pam Sam</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Steven Sam	<i>Steven Sam</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Alicia Thomas	<i>Alicia Thomas</i>				9-23/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
David David	<i>David David</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kyle Stevens	<i>Kyle Stevens</i>				9-23/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Charmaine Issac	<i>Charmaine Issac</i>				9/23/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shelly Albert	<i>Shelly Albert</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.
 By signing this petition, you are stating that you are in favor of having a licensed marijuana establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Barbara Thomas	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Terry Smeke	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Johnny Thomas	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Huge Neff	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Josh Demit	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Chiffon Joe	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lonnie Dorton	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Carla Demit	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shane Sam	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Abram Albert	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Harman Gene	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shauna Sam	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X Kurt Cleary	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
✓ Charlene Cleary	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
✓ Harry John	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Trevor Joe	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Caroline Sam	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Dorothy Titus	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Norman Sam	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Billy Sam SR	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Patrick Joe	<i>Patrick Joe</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jane Paul	<i>Jane Paul</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Pat Sailor	<i>Pat Sailor</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
x Desirae R Sam	<i>Desirae R Sam</i>				9/23/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -ADDRESS
x Lelan E Joe	<i>Lelan E Joe</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -ADDRESS
Leonard Mark	<i>Leonard Mark</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Daren Mark	<i>Daren Mark</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
x Tony Titus	<i>Tony Titus</i>				9-27-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -ADDRESS
ESTA Gene	<i>ESTA Gene</i>				9/23/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Alexander Joe	<i>Alexander Joe</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Dillion Titus	<i>Dillion Titus</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Virgil John	<i>Virgil John</i>				9/23/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ernie Titus	<i>Ernie Titus</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bryon Collins	<i>Bryon Collins</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bryan Captin	<i>Bryan Captin</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Derrick titus	<i>Derrick titus</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
x Preston Henry	<i>Preston Henry</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -ADDRESS
alfred sam	<i>alfred sam</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Darion Isaac	<i>Darion Isaac</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
JOHN ISAAC	<i>John Isaac</i>				9-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Leck A Yoder	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-22-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
GEORGE YODER	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-22-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Anthony Christian	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-22-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Patrick Cleary	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-22-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kurt Blatt	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-22-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Larry Shafer	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-22-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jacob Moses	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-22-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
TYLAR ALUF	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-22-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kayla Fisher	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-22-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Josh Jeffords	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-22-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Barbara Bell	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-22-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bill Collins	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-22-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John Hanson	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-22-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Toni Veazey	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	10/22/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Terry Solomon	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-22-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Riley Williams	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-22-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Christine Palmer	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-22-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Andrew Hess	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-22-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Dawn Monzull	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-22-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Janet Katsse	<i>[Signature]</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-22-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition?
x christine Crites	Christine Crites	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Steven Clinkscales	[Signature]				10/23/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
x Tudson Gillen	[Signature]				10/23/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jeffrey Wells	[Signature]				10/23/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

-ADD RES
-ADDRESS

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.
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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition?
x Priscilla L. Joe	Priscilla L Joe				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
x Ryan P. Joe	Ryan P. Joe				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Cherie Lancaster	Cherie Lancaster				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Emma APOK	Emma apok				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Donetta Monroe	Donetta Monroe				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
CHRISTY DALE	Christy Dale				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Doyle McLean	Doyle McLean				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jeanne Morris	Jeanne Morris				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ann Litton	Ann Litton				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Alexander Joe	Alexander Joe				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jayman Koulas	Jayman Koulas				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sharissa Rissa	Sharissa Rissa				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Charlene Cramer	Charlene Cramer				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Randi Priest	Randi Priest				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Robert Nelson	Robert Nelson				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Judy Komorowski	Judy Komorowski				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Savannah Marie	Savannah Marie				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Missy Lee	Missy Lee				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Donald Tew	Donald Tew				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John Rusyniak	John Rusyniak				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DUPLICATE
-DUP

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.
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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
Jonathan Hancock	<i>[Signature]</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Fannuel Chageza	<i>[Signature]</i>				10/23/19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
David Fuller	<i>[Signature]</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Al Sikes	<i>[Signature]</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mike Fitch	<i>[Signature]</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Melissa Garrett	<i>[Signature]</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jessica Sisneros	<i>[Signature]</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Miopic Antharo	<i>[Signature]</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Greg Taylor	<i>[Signature]</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Joy Smith	<i>[Signature]</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Deanna Marie	<i>[Signature]</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lyndsey Shaw	<i>[Signature]</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Gretchen Nelson	<i>[Signature]</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Cristy Baham	<i>[Signature]</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Fahima Exum	<i>[Signature]</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kaylee Church	<i>[Signature]</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Charli Okitolik	<i>[Signature]</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lily Rose Verduynssen	<i>[Signature]</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Grace Batts	<i>[Signature]</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Karesa Kramer	<i>[Signature]</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Are you in support of this petition?
Charley Williams	<i>Ch Williams</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Alicia Putman	<i>Alicia Putman</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Robert Nelson	<i>Robert Nelson</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sheila Thomas	<i>Sheila Thomas</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Cady Erickson	<i>Cady Erickson</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jim James	<i>Jim James</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kenny James	<i>Kenny James</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Misty Walsh	<i>Misty Walsh</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kathy Olding	<i>Kathy Olding</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Connie Buford	<i>Connie Buford</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lorraine Peterson	<i>Lorraine Peterson</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ryan Hermes	<i>Ryan Hermes</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Schuyler Thomas	<i>Schuyler Thomas</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Amanda Samson	<i>Amanda Samson</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Guy Ross	<i>Guy Ross</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Joe Winters	<i>Joe Winters</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Dale Junior	<i>Dale Junior</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Thomas Buppch	<i>Thomas Buppch</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Victor Hayward	<i>Victor Hayward</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Josiah Firth	<i>Josiah Firth</i>				10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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Jonas John	<i>Jonas John</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Joyce John	<i>Joyce John</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
STEPH Big Joe	<i>Steph Big Joe</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Eddie Saeder	<i>Eddie Saeder</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Stanley Mark	<i>Stanley Mark</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Dann marc	<i>Dann marc</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Floyd Gerre	<i>Floyd Gerre</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Duane Kaasy	<i>Duane Kaasy</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Rocky Teasdale	<i>Rocky Teasdale</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Corbin Teasdale	<i>Corbin Teasdale</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ida Joe	<i>Ida Joe</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ursala Akren	<i>Ursala Akren</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Donna Pitka	<i>Donna Pitka</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Rachelle Easton	<i>Rachelle Easton</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bradley Smyon	<i>Bradley Smyon</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Royalyn Mark	<i>Royalyn Mark</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Rewena Paul	<i>Rewena Paul</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Vance Wilson	<i>Vance Wilson</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Terry Smoke	<i>Terry Smoke</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Patrick Saylor	<i>Patrick Saylor</i>	[REDACTED]	[REDACTED]	[REDACTED]	10-23-19	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

-ADDRESS