

INITIATIVE MEASURE TO BE SUBMITTED DIRECTLY TO THE VOTERS

The Attorney General of California has prepared the following circulating title and summary of the chief purpose and points of the proposed measure:

(25-0014) REQUIRES STATE PROVIDE ANNUAL PAYMENTS TO STUDENTS ATTENDING RELIGIOUS AND OTHER PRIVATE SCHOOLS. INITIATIVE CONSTITUTIONAL AMENDMENT AND STATUTE. Requires state to deposit yearly voucher payments (\$17,000 initially, adjusted annually) into Education Savings Accounts for California residents in grades TK-12 attending religious and other private schools anywhere in the United States. Payments will come from General Fund and property tax revenues that currently fund public schools. Eliminates constitutional prohibition on state funding of religious and other private schools. Prohibits state regulation of private school curriculum. Prohibits building, safety, or health standards for home schools that are stricter than standards applied to homes or similar businesses. Summary of estimate by Legislative Analyst and Director of Finance of fiscal impact on state and local governments: For the state: increased costs, likely ranging from several billion dollars to more than \$10 billion per year, primarily driven by payments for students enrolled in private schools (or homeschooling). The state could pay for these costs using revenues it currently spends on public schools or other state programs. For public schools: reductions in state funding based on the number of students leaving public schools. This reduction could range from a few billion dollars to more than \$16 billion per year and is separate from any reduction the state might make to pay for its own costs. Public schools would likely respond by spending less on staff, supplies, services, and other activities.

NOTICE TO THE PUBLIC: THIS PETITION MAY BE CIRCULATED BY A PAID SIGNATURE GATHERER OR A VOLUNTEER. YOU HAVE THE RIGHT TO ASK. THE PROPONENTS OF THIS PROPOSED INITIATIVE MEASURE HAVE THE RIGHT TO WITHDRAW THE PETITION AT ANY TIME BEFORE THE MEASURE QUALIFIES FOR THE BALLOT.

4 EASY STEPS. Follow these instructions carefully or signatures will not be valid.

All signers of this petition must be registered in

County

 This column for official use only

**1**

Fill in
County of Voters.

**2**

Clearly print your
name & residence
address and sign.
Other registered
voters from same
county can also
sign this petition
in the additional
blocks on this
petition.

1. Print Your Name: DO NOT SIGN UNLESS you have seen Official Top Funders sheet and its month is still valid. Signature As Registered to Vote: _____ City: _____ Zip: _____	Residence Number and Street Address ONLY: _____ City: _____ Zip: _____	
2. Print Your Name: DO NOT SIGN UNLESS you have seen Official Top Funders sheet and its month is still valid. Signature As Registered to Vote: _____ City: _____ Zip: _____	Residence Number and Street Address ONLY: _____ City: _____ Zip: _____	
3. Print Your Name: DO NOT SIGN UNLESS you have seen Official Top Funders sheet and its month is still valid. Signature As Registered to Vote: _____ City: _____ Zip: _____	Residence Number and Street Address ONLY: _____ City: _____ Zip: _____	
4. Print Your Name: DO NOT SIGN UNLESS you have seen Official Top Funders sheet and its month is still valid. Signature As Registered to Vote: _____ City: _____ Zip: _____	Residence Number and Street Address ONLY: _____ City: _____ Zip: _____	
5. Print Your Name: DO NOT SIGN UNLESS you have seen Official Top Funders sheet and its month is still valid. Signature As Registered to Vote: _____ City: _____ Zip: _____	Residence Number and Street Address ONLY: _____ City: _____ Zip: _____	
6. Print Your Name: DO NOT SIGN UNLESS you have seen Official Top Funders sheet and its month is still valid. Signature As Registered to Vote: _____ City: _____ Zip: _____	Residence Number and Street Address ONLY: _____ City: _____ Zip: _____	
7. Print Your Name: DO NOT SIGN UNLESS you have seen Official Top Funders sheet and its month is still valid. Signature As Registered to Vote: _____ City: _____ Zip: _____	Residence Number and Street Address ONLY: _____ City: _____ Zip: _____	
8. Print Your Name: DO NOT SIGN UNLESS you have seen Official Top Funders sheet and its month is still valid. Signature As Registered to Vote: _____ City: _____ Zip: _____	Residence Number and Street Address ONLY: _____ City: _____ Zip: _____	

Person who
gathers signatures
should fill in this
information.

**3**

DECLARATION OF CIRCULATOR (To be completed after the signatures above have been obtained.)
I, _____, am 18 years of age or older. My residence address is _____.
(print name) _____
(address, city, state, zip)
I circulated this section of the petition and witnessed each _____
of the persons whose name it purports to be. All signatures on this document were obtained between the dates of _____ and _____
(month / day / year) (month / day / year)
I showed each signer a valid and unfalsified “Official Top Funder”sheet. I certify under penalty of perjury under _____
(month / day / year)
the laws of the State of California that the foregoing is true and correct.
Executed on _____ / _____ / _____, at _____, California.
MUST BE SIGNED HERE TOO 

Complete signature indicating full name of circulator (May be repeat of name on petition)

URGENT!
Signature
gatherer must
sign here. All
signatures are
invalid if you fail
to sign.

**4**