



Pursuant to NRS 295.015, before a petition for initiative or referendum may be presented to registered voters for signatures, the person who intends to circulate the petition must provide the following information:

NAME OF PERSON FILING THE PETITION

Sondra Cosgrove

NAME(S) OF PERSON(S) AUTHORIZED TO WITHDRAW OR AMEND THE PETITION (provide up to three)

1. Sondra Cosgrove
2. Doug Goodman
3. Claire Thomas

NAME OF THE POLITICAL ACTION COMMITTEE (PAC) ADVOCATING FOR THE PASSAGE OF THE INITIATIVE OR REFERENDUM (if none, leave blank)

VOTE NEVADA PAC

Please note, if you are creating a Political Action Committee for the purpose of advocating for the passage of the initiative or referendum, you must complete a separate PAC registration form.

Additionally, a copy of the initiative or referendum, including the description of effect, must be filed with the Secretary of State's office at the time you submit this form.

X Sondra Cosgroves

Signature of Petition Filer

10/9/2025

Date

State of Nevada – Initiative Petition – Constitutional Amendment
Proposed Measure NRS 295.015

Initiative Petition for Constitutional Amendment
NRS 295.015

The People of the State of Nevada do enact as follows:
(Do not add a Title, an Identifier# will be assigned)

Insert Full Text of the Proposed Amendment

State of Nevada – Initiative Petition – Constitutional Amendment – NRS 295.015

Description of Effect

(Insert 200 words or less description of the effect)

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

Petition District: _____ (Only registered voters of this petition district may sign below)

This space for
office use only

1	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: DATE: / /	CITY: COUNTY:		
2	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: DATE: / /	CITY: COUNTY:		
3	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: DATE: / /	CITY: COUNTY:		
4	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: DATE: / /	CITY: COUNTY:		
5	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: DATE: / /	CITY: COUNTY:		

6	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: _____ DATE: _____ / /	CITY: _____ COUNTY: _____		
7	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: _____ DATE: _____ / /	CITY: _____ COUNTY: _____		
8	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: _____ DATE: _____ / /	CITY: _____ COUNTY: _____		
9	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: _____ DATE: _____ / /	CITY: _____ COUNTY: _____		
10	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: _____ DATE: _____ / /	CITY: _____ COUNTY: _____		
11	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: _____ DATE: _____ / /	CITY: _____ COUNTY: _____		
12	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: _____ DATE: _____ / /	CITY: _____ COUNTY: _____		
13	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: _____ DATE: _____ / /	CITY: _____ COUNTY: _____		

14	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____		
15	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____		
16	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____		
17	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____		
18	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____		
19	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____		
20	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		
	YOUR SIGNATURE: _____ DATE: ____/____/____	CITY: _____ COUNTY: _____		

[Place affidavit on last page of document]

AFFIDAVIT OF CIRCULATOR

(To be completed by the person who circulated the petition after all signatures have been obtained)

State of Nevada)
)
County of _____)

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

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

Subscribed and sworn to or affirmed before me this _____

day of _____, _____, by _____

Notary Public or person authorized to administer an oath

Signature of Circulator

X _____