

APPLICATION FOR INITIATIVE OR REFERENDUM PETITION SERIAL NUMBER

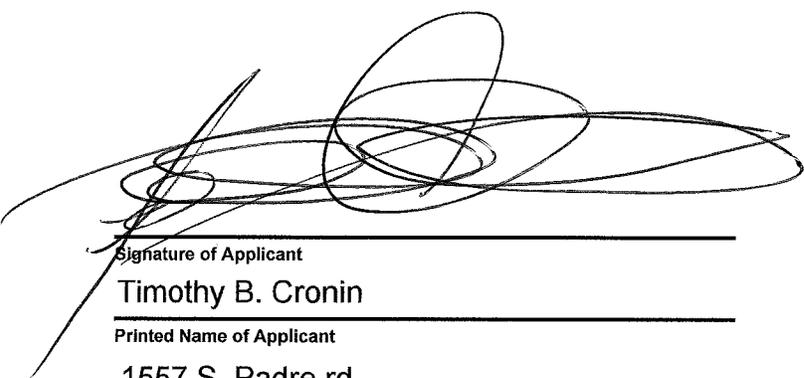
Secretary of State
1700 W. Washington Street, 7th Floor
Phoenix, AZ 85007

The undersigned intends to circulate and file an **INITIATIVE** or a **REFERENDUM** (circle the appropriate word) petition and hereby makes application for the issuance of an official serial number to be printed in the lower right-hand corner of each side of each signature sheet of such petition. Pursuant to Arizona Revised Statutes § 19-111, attached hereto is the full text, in no less than eight point type, of the **MEASURE** or **CONSTITUTIONAL AMENDMENT** (circle appropriate word) intended to be **INITIATED** or **REFERRED** (circle appropriate word) at the next general election.

SUMMARY: A description of no more than one hundred words of the principal provisions of the proposed law, constitutional amendment or measure that will appear in no less than eight point type on the face of each petition signature sheet to be circulated.

We believe that the Arizona state Marijuana application fee should be eliminated so distressed patients can afford access to medicine they need. The state currently charges \$150 or \$75 if you participate in the states supplemental nutrition assistance program (food Stamps). We believe with no application fee it will make it more affordable to patients and will produce more carded patients thus increasing the amount of taxes Arizona currently generates from sales of Medical Marijuana.

2015 MAY - 7 AM 10: 11
SECRETARY OF STATE



Signature of Applicant
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Timothy B. Cronin Chairman
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Date of Application May 7, 2015
Signatures Required 150,642
Deadline for Filing July 7, 2016
Serial Number Issued I-06-2016
FOR OFFICE USE ONLY

Revised 11/92

CF ID 201600133

Official Title
An Initiative Measure

Amending section 2804.02, Title 36, Arizona Revised Statutes, By Amending ~~Article 17~~ Relating to Medical Marijuana

36-2804.02. Registration of qualifying patients and designated caregivers
(Caution: 1998 Prop. 105 applies)

A. A qualifying patient may apply to the department for a registry identification card by submitting:

1. Written certification issued by a physician within the ninety days immediately preceding the date of application.

~~2. The application fee.~~

3. An application, including:

(a) Name, mailing address, residence address and date of birth of the qualifying patient except that if the applicant is homeless no address is required.

(b) Name, address and telephone number of the qualifying patient's physician.

(c) Name, address and date of birth of the qualifying patient's designated caregiver, if any.

(d) A statement signed by the qualifying patient pledging not to divert marijuana to anyone who is not allowed to possess marijuana pursuant to this chapter.

(e) A signed statement from the designated caregiver, if any, agreeing to be the patient's designated caregiver and pledging not to divert marijuana to anyone who is not allowed to possess marijuana pursuant to this chapter.

(f) A designation as to who will be allowed to cultivate marijuana plants for the qualifying patient's medical use if a registered nonprofit medical marijuana dispensary is not operating within twenty-five miles of the qualifying patient's home.

B. The application for a qualifying patient's registry identification card shall ask whether the patient would like the department to notify him of any clinical studies needing human subjects for research on the medical use of marijuana. The department shall notify interested patients if it is notified of studies that will be conducted in the United States.

NO APPLICATION FEE

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