APPENDIX A

Application Draft Text for Public Comment

Email Redistricting@Michigan.gov to submit public comment on this draft application text.

THIS IS NOT AN APPLICATION TO SERVE AS A COMMISSIONER. APPLICATIONS WILL BE MADE AVAILABLE IN FALL 2019.

***DRAFT**

July __, 2019

Independent Citizens Redistricting Commission – Draft Text for Application to Serve

Proposal 2018-2, which created the Independent Citizens Redistricting Commission, charged the Secretary of State with developing and distributing the application to serve. Below is proposed draft text for the application for public review and comment. Please note that this text is not final, and in its final form will be presented in a different, user-friendly format.

Welcome

Dear fellow Michigander,

Thank you for your interest in serving the people of Michigan as a commissioner of the first-ever Michigan Independent Citizens Redistricting Commission. You must be registered to vote in the state of Michigan in order to serve on the commission.

Commissioners will be randomly selected from the pool of eligible applicants. You do not need any specific skills or expertise to serve on the commission. The constitution simply requires that each commissioner “perform his or her duties in a manner that is impartial and reinforces public confidence in the integrity of the redistricting process.”

How is this process going to work

You must answer all required questions on this application to be considered for the commission.

You must also submit a notarized copy of your application to the Secretary of State by June 1, 2020.

[Further specific instruction on notary depending on application formatting]

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Eligibility

Here are some important things to know before you start

The law includes some guidelines for who can serve on this commission.

The questions in this section of the application make sure you're eligible and don't have any conflicts that would keep you from serving on the Citizens' Redistricting Commission. *You are not eligible to serve on the commission if you answer "Yes" to any of the prompts in question #2-4 below.*

Answer these questions to the best of your ability. If you have any concerns or feel you are unable to answer a given prompt, please contact [CONTACT].

1. Are you a registered voter in the state of Michigan? Yes No
   If you are not sure, you can check your voter registration at Michigan.gov/vote.
   a. If you are not currently registered, will you be registered by August 15, 2020? Yes No

2. I am now, or have been at any time since August 15, 2014
   a. A declared candidate for a partisan election office in federal, state, or local Yes No
   b. An elected official to partisan federal, state, or local office. Yes No
   c. An officer or member of the governing body of a political party, at the local, state, or national level. Yes No
   d. A paid consultant or employee of a federal, state, or local elected official or political candidate, campaign, or political action committee. Yes No
   e. An employee of the legislature. Yes No
   f. A lobbyist agent registered with the Michigan Bureau of Elections. Yes No
   g. An employee of a lobbyist registered with the Michigan Bureau of Elections. Yes No

3. I am a parent, stepparent, child, stepchild, or spouse of a person to whom sections (a) through (g), above, would apply. Yes No

4. I am disqualified for appointed or elected office in Michigan Yes No

How this application will be used

1. I understand that if randomly selected as one of 200 semi-finalists, the entire contents of this application (except my street address, email, and phone number) will be made available to the public.
   [ ] Yes, I understand.

2. I understand that while this application is a public document, my email and phone number will be kept confidential to the extent authorized by law. (For more information, go to [FAQ LINK HERE])
   [ ] Yes, I understand.

***DRAFT**

What to expect if you're selected

Being part of this Commission is an exciting opportunity. It also requires a significant commitment of time and energy. These questions help set expectations.

1. Indicate whether you agree to the following conditions if you're appointed to the Commission:

   a. If selected to serve the Commission, you will be not be eligible to hold a partisan elected office at the state, county, village, or township level in Michigan for five (5) years following the completion of your service. Do you understand that by serving on the Commission you are ineligible to hold these elected offices for five (5) years? Yes No

   b. Serving on the Commission will require a time commitment of more than one year, including periods of both part-time and full-time work (approximately 20 – 40+ hours per week). Are you able to dedicate the necessary time to fulfill your duties as commissioner in addition to your other personal and work obligations? Yes No

   c. Each commissioner will receive compensation. The amount is set by law at approximately $40,000 per year. With this financial expectation in mind, will you be able to serve on the commission? Yes No

   d. Being a commissioner also requires travel to public hearings across Michigan. With travel expectations in mind, will you be able to serve on the commission? Yes No

e. The Michigan constitution states, “each commissioner shall perform his or her duties in a manner that is impartial and reinforces public confidence in the integrity of the redistricting process.” If selected, are you able to conduct yourself accordingly? Yes No

f. The constitution specifies that for a redistricting map to be adopted by the Commission, it must receive votes from Democratic, Republican, and unaffiliated commissioners. If selected, do you believe you will be able to collaborate with fellow commissioners to reach consensus? Yes No

2. The Commission will be made up of 13 commissioners: 4 commissioners who identify as Republican, 4 commissioners who identify as Democrat, and 5 commissioners who do not identify with either major party.

   To meet this requirement, we need to know your political affiliation (please select one)
   a. I do not affiliate with either the Republican or Democratic Party.
   b. I affiliate with the Democratic Party.
   c. I affiliate with the Republican Party.

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Tell us about yourself

The Secretary of State invites wide public participation in this Commission from communities across Michigan. Potential commissioners should “mirror the geographic and demographic makeup of the state.”

The demographic information you provide will help achieve that goal. We will use this data in our outreach efforts and in the next phase of the selection process, as mandated by the state constitution. If you have any questions about the next step of the process, please visit RedistrictingMichigan.org or contact [CONTACT].

1. Name:
   Last Name
   First Name

2. Address (where you are registered to vote):
   Street Address 1, Apt Number
   City/Town, MI, Zip code

3. Temporary Mailing Address (if different than the address listed above)
   Street Address 1, Apt Number
   City/Town, MI, Zipcode

4. Contact Information
   The Secretary of State may need to contact you regarding your application. What is the best way to reach you? Email
   Phone 1 Type
   Phone 2 Type

5. Demographic Information

   a. Sex:
   i. Male
   ii. Female

   b. Birth Year: XXXX

   c. Race/Ethnicity (please select all that apply):
   i. White/Caucasian (non-Hispanic)
   ii. Black/African-American
   iii. Hispanic/Latinx
   iv. American Indian/Alaska Native
   v. Asian
   vi. Other

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Tell us why you care about this

We encourage you to answer these optional questions below. Doing so will provide more information about your interest in serving as a Commissioner to the public and to the legislative leaders who will review the semi-finalist pool of 200 randomly-selected applicants.

The Speaker of the House, House Minority Leader, Senate Majority Leader, and Senate Minority leader may each remove up to five (5) applicants from consideration.

1. Because Michigan voters do not register to vote by political party, if you would like to describe why – or how – you affiliate with either the Democratic Party, Republican Party, or neither, please do so below.
2. Why do you want to serve on the Michigan Independent Citizens Redistricting Commission?

Sign and complete

When you have answered all of the questions in this application, it's time to sign and complete your application. You must answer all required questions on this application to be considered for the commission.

- Fill in the signature form
- Notarize the application [more information can be found at [LINK]
- Return your application [all methods here]

NOTE: **Your final application must be notarized.** If you need help finding a notary to complete this application, please contact [CONTACT].

By signing below, I swear or affirm that the answers provided in this application are true to the best of my knowledge, and in particular attest that my political party affiliation as represented in this application is accurate.

Signature: Signature
Print Name: First Name Last Name
Date: MM/DD/YYYY
[Notary Public Seal and Signature]

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