

**PROPOSED RECALL PETITION FOR ELECTED STATE OFFICIAL: We, the undersigned registered voters, request the recall of \_\_\_Tim Walz\_\_\_ from the office of \_\_Minnesota Governor\_\_.**

**The specific grounds upon which the state officer is sought to be recalled and a concise, accurate, and complete synopsis of the specific facts that are alleged to warrant the recall on those grounds, are as follows:**

Over 85% of Constituents in this District believe Minnesota HF1/SF1/PRO Act needed restrictions on 3rd trimester/partial birth abortions in Minnesota. Abortions where a viable Baby is removed one of 3 ways: (1) Dismemberment of the Baby in utero (2) Delivered to where just the head is not delivered, spinal cord is cut, and a hollow needle is inserted at the base of the neck to suck out the Baby’s brain. (3) Chemically burning the Baby in utero. This goes against: **Mn Statute 145.412 Criminal Acts Subd. 3 Viability. It shall be unlawful to perform an abortion when the fetus is potentially viable unless: (1) the abortion is performed in a hospital; (2) the attending physician certifies in writing that the physician’s best medical judgement the abortion is necessary to preserve the life or health of the pregnant woman; (3) to the extent consistent with sound medical practice the abortion is performed under circumstances which will reasonably assure the live birth and survival of the fetus.** Humanity of an anesthetic with the above procedures, 3<sup>rd</sup> trimester viable Baby (includes up to the time of delivery), is denied by this vote, a key word in the 145.4242 statute is “unborn child”. Anesthetic administered to the unborn child does not prevent the mother from receiving a 3<sup>rd</sup> trimester abortion. **Mn Statute 145.4242 section1(iv) “for abortions after 20 weeks gestational, whether or not an anesthetic or analgesic would eliminate or alleviate organic pain to the unborn child caused by that particular method of abortion to be employed...”** This bill goes well beyond the Doe vs Gomez ruling and did more than “Codify current law” as told by this Legislator. The 1995 ruling Doe vs Gomez protected a woman’s right to an abortion and ensured the Minnesota Taxpayer will fund abortions for indigent women. Doe vs Gomez had no reference to 3<sup>rd</sup> trimester abortions as being therapeutic abortions. It did refer to the gestation period up to 21.6 weeks. A 3<sup>rd</sup> trimester Baby of a botched abortion, who survives under this Bill has no Minnesota rights. A Baby that delivers too fast to perform one of the 3 named procedures above, would need to be killed/starved to death as it was the mother’s choice. This is undoing **MN Statute 145.412** and is in direct violation of the **US Constitution’s 14<sup>th</sup> Amendment** which ensures any person born in the United States, is a citizen of the United States. It states: **“...No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States;”** HF1/SF1/PRO Act denies the right to the most basic thing: a viable or Baby born alive from a botched abortion deserves from the 14<sup>th</sup> Amendment, Life. With all the protections, rights & privileges guaranteed a US citizen. This Legislator voting in the Affirmative for HF1/SF1/PRO Act are the grounds for this recall :(1) Thus changing Minnesota’s existing laws under Doe vs Gomez; (2) Abridges the babies privileges to life, by removing born alive protections, guaranteed under the US Constitution’s 14<sup>th</sup> Amendment for a US born Citizen in Minnesota.

**SIGNER’S OATH: “I solemnly swear (or affirm) that I am an eligible voter residing in the district where the state officer serves or, in the case of a statewide officer, in the state; I know the purpose and content of the petition; and I signed the petition only once and of my own free will.”**

**A RECALL ELECTION, IF CONDUCTED, WILL BE CONDUCTED AT PUBLIC EXPENSE ALL INFORMATION ON THIS PETITION IS SUBJECT TO PUBLIC INSPECTION**

**\*\*\*\*\*ALL INFORMATION MUST BE FILLED IN BY PERSON(S) SIGNING THE PETITION UNLESS DISABILITY PREVENTS THE PERSON(S) FROM DOING SO.\*\*\*\*\***

	DATE	PRINT FIRST, MIDDLE, AND LAST NAME	DATE OF BIRTH	SIGNATURE	RESIDENCE ADDRESS (number and street not a P.O. Box)	CITY OR TOWNSHIP	COUNTY
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