

RECALL PETITION (FOR ALL OFFICES EXCEPT STATEWIDE OFFICES)



S T A T E O F L O U I S I A N A

TO THE HONORABLE John Bel Edwards, GOVERNOR OF LOUISIANA

In accordance with La. Revised Statutes, Title 18, Section 1300.1, et seq., the undersigned request that an election be called and held in the appropriate voting area for the purpose of recalling:

Hymeth P. Matassa, Parish President
(name of official) (title of official; include municipality, if municipal office)

Parish(es) of Ascension
(list all parishes in voting area)

We designate Bryan S. Howell, 15371 Joe Antonio Rd. Gonzales as Chairman
(full name) (residence address) La. 70737

to act for the signers of this petition in all matters, and
we designate Colin C. Jacob, 9067 Hwy 944, Gonzales La 70737 as Vice-Chairman
(full name) (residence address)

to act on order of the Chairman or in case of the death, disability, absence or resignation of the Chairman. (The chairman and vice-chairman SHALL be qualified voters in the voting area from which the public official is subject to this recall pursuant to La. R.S. 18:1300.5).

Upon the signature of the first elector this recall petition is a public record, and the Chairman or Vice-Chairman SHALL be the custodian of this public record until it is filed with the registrar of voters.

Louisiana Secretary of State Endorsement Date:

The Louisiana Secretary of State has received and endorses this filing on the 15th day of March, 2017
(day) (month) (year)

No signatures SHALL be collected until the chairman receives notice of the endorsement date from the Louisiana Secretary of State.

Name of Official Being Recalled:

Title of Official Being Recalled:

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#	Handwritten Signature of Voter (including surname) <small>Note: Any person unable to write must affix their mark. The person circulating the petition shall affix the name of person in the presence of two witnesses, who must also date and sign their names as witnesses to the mark.</small>	Name of Voter (Typed or legibly written.)	Date of Birth mm/dd/yy	Date of Signature	Wd./Pct. of Voter's registration	Residence Address (include municipal #, apartment #, rural route and/or box #, and City or Town)	Witness(s) Name (Name of the person(s) who witnessed and obtained signature)	Date Witnessed (Date signature was witnessed and obtained)

NOTES: PHOTO COPY THIS PAGE TO ADD MORE SIGNATURES. NUMBER THE WRITTEN SIGNATURE OF THE VOTERS CONSECUTIVELY IF THERE IS MORE THAN ONE PARISH FOR THE OFFICE HOLDER BEING RECALLED. KEEP THE SIGNATURES OF VOTERS IN DIFFERENT PARISHES ON SEPARATE PAGES.