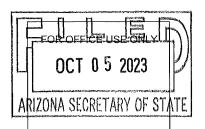


STATE OF ARIZONA

Application for Serial Number Recall Petition A.R.S. § 19-202.01



The undersigned intends to circulate and file a		
recall petition demanding the recall of:	Date of Application	10-05-203
Katie Hobbs	Signatures Required	1039.872
(Name)	olghatures required	
Governor	Deadline for Filing	03-02-0094
(Title of Office Held)	Serial Number Issued	RC-04-2023
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.		

The grounds of the recall are as follows: Enter a general statement of not more than 200 words stating the grounds of the demand for the recall.

I am exercising my constitutional rights as a free citizen of The United States of America, and following all the laws on the books to recall Governor Katie Hobbs. The grounds for which I am calling for her recall are a wide open southern border with Millions of Undocumented people entering illegally. Ms. Hobbs has no plan to rectify the situation and the problem continues to worsen by the day. In addition, Ms. Hobbs has lost the public trust by not providing the citizens of Arizona and type of transparency as pertaining to her recent travels to Asia and Washington DC. Lastly, Ms. Hobbs has completely lost the trust of her constituents by not being able to nominate any of her cabinet members and the Arizona Legislature is in total disarray under her leadership. For these reasons, I am seeking to file an application for recall and intend on collecting the needed signatures on the petition to make this happen. Thank you.

Tyson James Dr	aper				
Name of Applicant			Committee Name (if app	licable)	
1144 N. 1st Ave.	•				
Address			Committee ID No. (if app	licable)	
Thatcher	AZ	85552			
City	State	Zip	Chairperson (if applicab	le)	
480-431-5344					
Telephone Number		-	Treasurer (if applicable)		
t_draper100@ho	otmail.com				
E-mail Address			Committee Address (if a	pplicable)	
			City	State	Zip
			Committee Telephone N	umber (if applicable)	
			Committee E-mail Addre	ess (if applicable)	
By submitting this Ap	plication for Serial	Number and ch	necking all boxes below	w, I acknowledge the fo	llowing:
	State's recommende			ewide Recall, including the Statewide Recall Petition	
That at the ti Stajewide Re	me of filing, I was pr call Petition form.	ovided instructio	ns regarding accurate co	ompletion of the electron	ic
1/1/190			10/05/2023		
Appl	icant Signature			Date	
7		Office of the S	ecretary of State		

Office of the Secretary of State 1700 W. Washington Street Phoenix, Arizona 85007

Rev. 11/17/2021