

EXHIBIT C

INITIATION OF LEGISLATION

An initiation of legislation to prohibit the use of horizontal hydraulic fracturing or "fracking" and acid completion treatments of horizontal gas and oil wells; to prohibit emission, production, storage, disposal, and processing of frack and acidizing wastes created by gas and oil well operations; to eliminate the state's policy favoring ultimate recovery of maximum production of oil and gas; to protect water resources, land, air, climate, and public health; and to allow residents to enforce the provisions of this ballot language, by amending Public Act 451 of 1994 entitled "Natural Resources and Environmental Protection Act," by amending section 61502 and by adding sections 61528, 61529 and 61530. This proposal is to be voted on in the November 8, 2016 General Election. THE FULL TEXT OF THE LEGISLATION TO BE INITIATED APPEARS ON THE REVERSE SIDE OF THIS PETITION.

We, the undersigned qualified and registered electors, residents in the county of Charlevoix, State of Michigan, respectively petition for initiation of legislation.

WARNING - A person who knowingly signs this petition more than once, signs a name other than his or her own, signs when not a qualified and registered elector, or sets opposite his or her signature on a petition, a date other than the actual date the signature was affixed, is violating the provisions of the Michigan election law.

Table with 7 columns: INDICATE CITY OR TOWNSHIP IN WHICH REGISTERED TO VOTE, SIGNATURE, PRINTED NAME, STREET ADDRESS OR RURAL ROUTE, ZIP CODE, DATE OF SIGNING (MO, DAY, YEAR). Contains 10 rows of signatures and names.

CERTIFICATE OF CIRCULATOR

The undersigned circulator of the above petition asserts that he or she is 18 years of age or older and a United States citizen; that each signature on the petition was signed in his or her presence; that he or she has neither caused nor permitted a person to sign the petition more than once and has no knowledge of a person signing the petition more than once; and that, to his or her best knowledge and belief, each signature is the genuine signature of the person purporting to sign the petition, the person signing the petition was at the time of signing a registered elector of the city or township indicated preceding the signature, and the elector was qualified to sign the petition.

If the circulator is not a resident of Michigan, the circulator shall make a cross or check mark in the box provided, otherwise each signature on this petition sheet is invalid and the signatures will not be counted by a filing official. By making a cross or check mark in the box provided, the undersigned circulator asserts that he or she is not a resident of Michigan and agrees to accept the jurisdiction of this state for the purpose of any legal proceeding or hearing that concerns a petition sheet executed by the circulator and agrees that legal process served on the secretary of state or a designated agent of the secretary of state has the same effect as if personally served on the circulator.

WARNING - A circulator knowingly making a false statement in the above certificate, a person not a circulator who signs as a circulator, or a person who signs a name other than his or her own as circulator is guilty of a misdemeanor.



CIRCULATOR - Do not sign or date certificate until after circulating petition.

Form for circulator signature and date. Includes fields for (Signature of Circulator), (Date), (Printed Name of Circulator), (Complete Residence Address), (City or Township, State, Zip Code), and (County of Registration).

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| INDICATE CITY OR TOWNSHIP IN WHICH REGISTERED TO VOTE | SIGNATURE | PRINTED NAME | STREET ADDRESS OR RURAL ROUTE | ZIP CODE | DATE OF SIGNING | | |
|---|-------------------------|-------------------------|-------------------------------|------------------|-----------------|---------------|---------------|
| | | | | | MO | DAY | YEAR |
| CITY OF <input checked="" type="checkbox"/> HAYES | LuAnne Kozma | LuAnne Kozma | 9330 Woods Road | 49720 | 5 | 22 | 15 |
| CITY OF <input checked="" type="checkbox"/> DAY | Seth Borgeld | Seth Borgeld | 03582 Camp Sherwood Rd | 49712 | 5 | 22 | 15 |
| CITY OF <input checked="" type="checkbox"/> CHANDLER TOWNSHIP OF <input checked="" type="checkbox"/> HUTTON | Myke Sherman | MYKE SHERMAN | 00535 MAQUEE | 49713 | 5 | 22 | 15 |
| CITY OF <input checked="" type="checkbox"/> MELROSE | Tyler Swannor | Tyler Swannor | 03458 Springvale rd | 49713 | 5 | 22 | 15 |
| CITY OF <input checked="" type="checkbox"/> SOUTHARM | Nichole Moblo | Nichole Moblo | 5656 Waterman Rd | 49727 | 5 | 22 | 15 |
| CITY OF <input checked="" type="checkbox"/> CHARLEVOIX | Kayla Moblo | Kayla Moblo | 637 Petoskey Ave APT B205 | 49720 | 5 | 22 | 15 |
| CITY OF <input checked="" type="checkbox"/> CHARLEVOIX | Pam Kantola | PAM KANTOLA | 5605 BONAR DR CHX | 49720 | 5 | 22 | 15 |
| CITY OF <input checked="" type="checkbox"/> CHARLEVOIX | Roberta S Gluck | Roberta S Gluck | 12465 Country Club Dr. | 49720 | 5 | 23 | 15 |
| CITY OF <input checked="" type="checkbox"/> NORWOOD | Carolyn Navarre | Carolyn Navarre | 04225 Lake Shore Dr | 49720 | 5 | 23 | 15 |
| CITY OF <input checked="" type="checkbox"/> CHARLEVOIX | Julianne Fialkowski | Julianne Fialkowski | 12290 N. Country Club Dr | 49720 | 5 | 23 | 15 |

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LuAnne Kozma
(Signature of Circulator)

5, 23, 15
(Date)

LuAnne Kozma
(Printed Name of Circulator)

9330 Woods Road
(Complete Residence Address (Street and Number or Rural Route)) Do not enter a post office box

Charlevoix, MI 49720
(City or Township, State, Zip Code)

(County of Registration, if Registered to Vote, of a Circulator who is not a Resident of Michigan)

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|---|------------------------|-----------------------|-------------------------------|------------------|-----------------|---------------|---------------|
| | | | | | MO | DAY | YEAR |
| CITY OF <input checked="" type="checkbox"/> TOWNSHIP OF Hayes | [Signature] | Ellis Beal | 9330 Woods Rd | 49720 | 5 | 22 | 15 |
| CITY OF <input checked="" type="checkbox"/> TOWNSHIP OF EVE LINE | [Signature] | NANCY E. KERTTU | 8125 FERRY Rd | 49727 | 5 | 22 | 15 |
| CITY OF <input checked="" type="checkbox"/> TOWNSHIP OF SOUTH ARM | [Signature] | JOHN COOK | 5656 WATERMAN RD | 49727 | 5 | 22 | 15 |
| CITY OF <input checked="" type="checkbox"/> TOWNSHIP OF South Arm | [Signature] | Leif Wynkoop | 5656 Waterman Rd | 49727 | 5 | 22 | 15 |
| CITY OF <input checked="" type="checkbox"/> TOWNSHIP OF CHARLEVOIX | [Signature] | JEFFREY CHANDA | 06327 OLD US31 SOUTH | 49720 | 5 | 22 | 15 |
| CITY OF <input checked="" type="checkbox"/> TOWNSHIP OF Charlevoix | [Signature] | G. Celeste Chanda | 06327 Old US 31 S. | 49720 | 5 | 22 | 15 |
| CITY OF <input checked="" type="checkbox"/> TOWNSHIP OF CHARLEVOIX | [Signature] | PATRICIA SELL | 8765 CARSON | 49720 | 5 | 22 | 15 |
| CITY OF <input checked="" type="checkbox"/> TOWNSHIP OF Evangeline | [Signature] | Miriam A. Hollar | 4326 Ellis | 49712 | 5 | 23 | 15 |
| CITY OF <input checked="" type="checkbox"/> TOWNSHIP OF Eveline | [Signature] | Helen A. Thompson | 06508 Loomis Rd | 49727 | 5 | 23 | 15 |
| CITY OF <input checked="" type="checkbox"/> TOWNSHIP OF Boyne City | [Signature] | R.J. WOLFE | 6150 N LAKE ST | 49712 | 5 | 23 | 15 |

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[Signature] _____ (Date) 5, 22, 15

(Signature of Circulator)

Ellis Beal _____ (Printed Name of Circulator)

(Printed Name of Circulator)

9330 Woods Rd _____ (Complete Residence Address (Street and Number or Rural Route)) Do not enter a post office box

Hayes MI 49720 _____ (City or Township, State, Zip Code)

(City or Township, State, Zip Code)

_____ (County of Registration, if Registered to Vote, of a Circulator who is not a Resident of Michigan)

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