

Michigan Independent Citizens Redistricting Commission Application

You must notarize and return this application by June 1, 2020.



Your application is almost done. You must sign the last page of this application in the presence of a notary. Then you must return it to the Department of State. **You can come back to print this application via the online portal at any time.**

Step 1: Save or Print this application to have it signed in the presence of a notary. For a list of in-person and remote/electronic notaries providing this service for free, please visit Michigan.gov/FreeNotary.

Step 2: Sign your name in the presence of a notary. The notary will also need to sign the final page.

Step 3: Return your completed, notarized application to the Department of State. You can email an electronic copy of your notarized application to MDOS-NotarizedApplication@Michigan.gov. Or, you can mail your notarized application to Michigan Department of State, PO Box 30318, Lansing, MI 48909.

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Voter registration

Are you currently registered, or will you be registered by August 15, 2020?

YES

You are not eligible to serve on the Commission if you answer "Yes" to any of the following:

(1) I am now, or have been at any time since August 15, 2014,

(a) A declared candidate for partisan election office in federal, state, or local office. NO

(b) An elected official to partisan federal, state, or local office. NO

(c) An officer or member of the governing body of a national, state, or local political party. NO

(d) A paid consultant or employee of a federal, state, or local elected official or political candidate, campaign, or political action committee. NO

(e) An employee of the legislature. NO

(f) A lobbyist agent registered with the Michigan Bureau of Elections. NO

(g) An employee of a lobbyist registered with the Michigan Bureau of Elections. NO

(h) An unclassified state employee pursuant to Article XI, Section 5 of the Michigan Constitution NO

Note: If you are an employee of courts of record, employee of the state institutions of higher education, or person in the armed forces of the state, you are still eligible to serve on the Commission. You should answer "No" to this prompt.

(2) I am a parent, stepparent, child, stepchild, or spouse of a person to whom sections (a) through (h), above, would apply. NO

(3) I am disqualified for appointed or elected office in Michigan. NO

How this application will be used

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

YES, I Understand

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.

YES, I Understand

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

- (a) If selected to serve on the Commission, you will be not be eligible to hold a partisan elective office at the state, county, city, village, or township level in Michigan for five (5) years. Do you understand that by serving on the Commission you are ineligible to hold these elected offices for five (5) years after you are selected to the Commission? YES
- (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 10 – 40+ hours per week). The Commission must conduct open meetings. Most commissioners (at least 9 of 13) must be present at each meeting. Are you able to dedicate the necessary time to fulfill your duties as commissioner in addition to your other personal and work obligations? YES
Note: Like jury duty, your employer cannot fire you for serving on this commission.
- (c) Each commissioner will receive compensation. The amount is set by law at approximately \$40,000. With this financial expectation in mind, will you be able to serve on the Commission? YES
- (d) Being a commissioner also requires travel to at least 15 public hearings across Michigan. With travel expectations in mind, will you be able to serve on the Commission? YES
- (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
- (f) The Constitution specifies redistricting maps adopted by the Commission must receive a majority vote, and support from at least two commissioners of each political party affiliation (Democratic, Republican, and unaffiliated). If selected, do you believe you will be able to collaborate with fellow commissioners to reach consensus? YES

Political Affiliation

I affiliate with the Democratic Party.

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Applicant Information

Name

Cheryl Lynette Hunter

Date of Birth (MM/YYYY)

01/1956

Race

Black or African American

Sex

Female

Residential Address

[REDACTED]

Grosse Pointe MI 48236

Hispanic, Latino, or Spanish origin?

NO

Mailing Address (if applicable)

[REDACTED]

Contact Information

[REDACTED]

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Why do you want to serve on the Michigan Independent Citizens Redistricting Commission?

I would love to serve the Great State of Michigan, using my gifts and talents on the Citizens Redistricting Commission.

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Describe why or how you affiliate with either the Democratic Party, Republican Party, or why you don't affiliate with either.

I support the Democratic Party, however I believe in liberty and justice for all Americans. I vote.

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Step 1: Ask the notary to complete this section:

Sign and sworn before me in _____
County, Michigan.

Wayne County

Print name exactly as it appears on notary application:

MARY L WISE

Sign exactly as it appears on notary application:

Mary L. Wise

Today's date

05 | 29 | 2020

MARY L WISE
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Jan 22, 2026
ACTING IN COUNTY OF

Notary Public, State of Michigan (print county commission)

Commission expiration date:

1/22/2026

Acting in the county of:

Step 2: You complete the section below. *This must be done in the presence of the notary.*

Print name below:

Cheryl Lynette Hunter

Sign and date below. *This must be done in the presence of the notary.*

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.

Today's date

05 | 29 | 2020