

# This is your application to serve as a commissioner for Michigan's first-ever Independent Citizens Redistricting Commission.

Read the tips below  
to make sure your  
application is complete.



**Consider applying online.** Visit [RedistrictingMichigan.org](http://RedistrictingMichigan.org) to submit an application online. You can save it and return later if you get busy.

**Make sure you have all the pages.** There are six (6) total pages that make up this application, including this page. The pages are numbered in the bottom right corners to help you keep track.

**Initial the top of each page.** This will make sure your application stays together.

**Write clearly and legibly.** Doing so will speed up processing time. Unclear handwriting may cause delays.

**Don't know if you're eligible?** You must be a registered voter in Michigan to serve on the commission. See page 2 for more details.

**Questions?** Learn more at [www.RedistrictingMichigan.org](http://www.RedistrictingMichigan.org) or [Redistricting@Michigan.gov](mailto:Redistricting@Michigan.gov).

**This application must be signed in the presence of a notary and returned by June 1st, 2020.**

MDOS  
FEB 06 2020  
Redistricting



Here are some important things to know before you start.

place initials here



TET

**The law includes some criteria for who can serve on this commission.**

The questions in this section of the application make sure you're eligible and don't have any conflicts that might keep you from serving on the Citizens Redistricting Commission.

Answer these questions to the best of your ability. If you have any concerns or feel you're unable to answer a given prompt, please contact [Redistricting@Michigan.gov](mailto:Redistricting@Michigan.gov).

Are you a registered voter in the state of Michigan? *If you're not sure, you can check your voter registration at [michigan.gov/Vote](http://michigan.gov/Vote).*

Yes  No

If you are not currently registered, will you be registered by August 15, 2020?

Yes  No  N/A

**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 federal, state, or local office.

Yes  No

B. An elected official to partisan federal, state, or local office.

Yes  No

C. An officer or member of the governing body of a national, state, or local political party.

Yes  No

D. A paid consultant or employee of a federal, state, or local elected official or political candidate, of a federal, state, or local political candidate's campaign, or of a political action committee.

Yes  No

E. An employee of the legislature.

Yes  No

F. A lobbyist agent registered with the Michigan Bureau of Elections.

Yes  No

G. An employee of a lobbyist agent registered with the Michigan Bureau of Elections.

Yes  No

H. An unclassified state employee pursuant to Article XI, Section 5 of the Michigan Constitution.

Yes  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 question.*

2. I am a parent, stepparent, child, stepchild, or spouse of a person to whom sections A through H would apply.

Yes  No

3. I am disqualified for appointed or elected office in Michigan.

Yes  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

# What to expect if you're selected.

place initials here



TEY

**Being part of this Commission is an exciting and historic opportunity. It will also require a significant commitment of time and energy.**



These questions help set expectations.

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

If selected to serve the Commission, you will 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  No

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? *Note: like jury duty, your employer cannot fire you for serving on this commission.*

Yes  No

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  No

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  No

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  No

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  No

## Indicate your political affiliation:

The Commission will be made up of 13 commissioners: 4 commissioners who affiliate with the Republican Party, 4 commissioners who affiliate with the Democratic Party, and 5 commissioners who do not affiliate with either major party.

To meet this requirement, we need to know your political affiliation **(please select one).**

I do not affiliate with either the Republican or Democratic Party.

I affiliate with the Democratic Party.

I affiliate with the Republican Party.



# Tell us about yourself.

The Secretary of State invites wide public participation in this Commission from communities across Michigan. Potential commissioners should "mirror the geographic and demographic makeup of the state."

The demographic information you provide will help achieve that goal. We will use this data in our outreach efforts and in the next phase of the selection process, as mandated by the state Constitution.

If you have any questions about the next step of the process, please visit [RedistrictingMichigan.org](http://RedistrictingMichigan.org) or contact [Redistricting@Michigan.gov](mailto:Redistricting@Michigan.gov).



place initials here



TET

## Name

Last Name

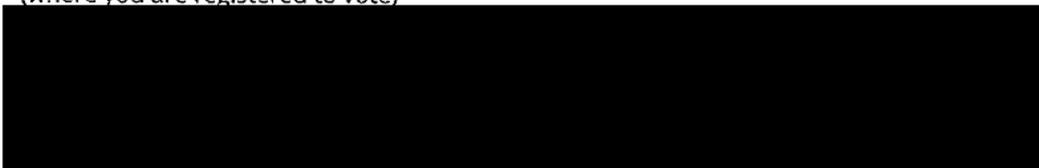
T.H.W.LINGS

First Name

T.L.MOTHY

## Address

(where you are registered to vote)



City/Town

ROCHESTER HILLS

State

M i c h i g a n

Zip

48307

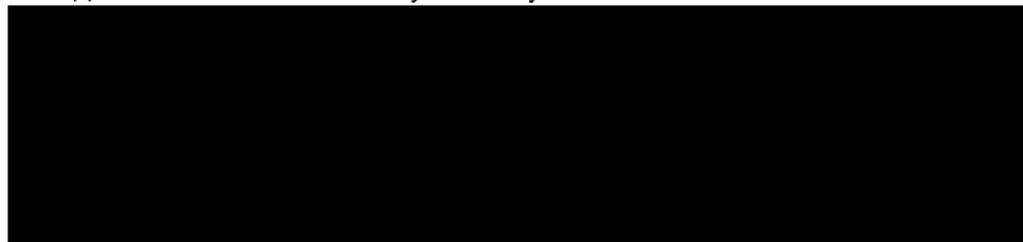
## Temporary Mailing Address

(if different than the address listed above)



## Contact Information

The Secretary of State may need to contact you regarding your application. What is the best way to reach you?



## Demographic Information

Hispanic, Latino, or Spanish origin?

Yes

No

Gender

Male

Female

Race (please select all that apply)

White

Black or African American

American Indian or Alaska Native

Asian

Other

Birth year

1958

# Optional: Why do you care about this?

If you would like to further elaborate on your political party affiliation or your desire to serve as a commissioner, you may use the space to the right to do so.

You don't need to provide any further information in order to serve on the Commission. Any additional information you provide won't impact your eligibility or selection as one of the 200 semi-finalists.

If you're randomly selected, any additional information you provide will be made public and submitted to the legislative leaders reviewing your application. Specifically, the Speaker of the House, House Minority Leader, Senate Majority Leader, and Senate Minority leader may each remove up to five (5) applicants before the final random draw.



place initials here →



If you prefer to type these responses, complete your application online by visiting [RedistrictingMichigan.org](http://RedistrictingMichigan.org).

Why do you want to serve on the Michigan Independent Citizens Redistricting Commission? *Suggested length approximately 0 - 500 words.*

I BELIEVE THE PROPER ALIGNMENT OF ELECTION DISTRICTS WILL ENABLE THE STATE TO MOVE FORWARD WITH PROJECTS, INITIATIVES AND LEGISLATION THAT IS BEST FOR THE MAJORITY OF STATE CITIZENS.

THE SILOS CREATED BY THE CURRENT SYSTEM HAVE LED TO POOR GOVERNMENT AND IS DISSERVICE TO ALL.

Describe why or how you affiliate with either the Democratic Party, the Republican Party, or why you don't affiliate with either. *Suggested length approximately 0 - 500 words.*

I DO NOT AFFILIATE WITH ANY POLITICAL PARTY. MY FOCUS IS ON VOTING FOR AND ELECTING THE BEST PERSON FOR A POSITION OR OFFICE. IT WOULD NOT HURT MY FEELINGS IF ALL POLITICAL PARTY DESIGNATIONS WERE ELIMINATED.

THE NEXT THING THAT NEEDS TO BE ELIMINATED ARE "FALSE" TERM LIMITS. TERM LIMITS OCCUR AT EVERY ELECTION.

**Notarize, sign and mail by June 1, 2020.**

place initials here



**This application must be notarized, then mailed or dropped off at your local Secretary of State branch.** Visit Michigan.gov/FreeNotary to find a notary offering the service for free near you. You can mail your completed application to Michigan Department of State, PO Box 30318, Lansing, MI 48909.

**Option 1: send in this paper application.**

1. Double check your work in this paper application. **Remember that you must answer all required questions on this application to be an applicant for the commission.**
2. Take your application to a notary and sign it in the presence of the notary.
3. Mail the application to: PO Box 30318, Lansing, MI 48909. You can also drop it off at your local Secretary of State branch office. **Applications due June 1, 2020.**

Debra S Murray  
 NOTARY PUBLIC - STATE OF MICHIGAN  
 County of Oakland  
 My Commission Expires 5/6/2025  
 Acting in the County of Oakland

**Option 2: complete the application online and print.**

1. Visit RedistrictingMichigan.org to complete the application.
2. Print your application.
3. Take your application to a notary and sign it in the presence of the notary.
4. Mail the application to: Michigan Department of State, PO Box 30318, Lansing, MI 48909. You can also drop it off at your local Secretary of State branch office. **Applications due June 1, 2020.**

**Step 1: Ask the notary to complete this section:**

Sign and sworn before me in Oakland County, Michigan.

Print name exactly as it appears on notary application:

Debra S. Murray

Sign exactly as it appears on notary application:

Debra S Murray  
 Today's date 05/03/2020

Notary Public, State of Michigan (print county commission)

Oakland

Commission expiration date:

5-6-2025

Acting in the county of:

Oakland

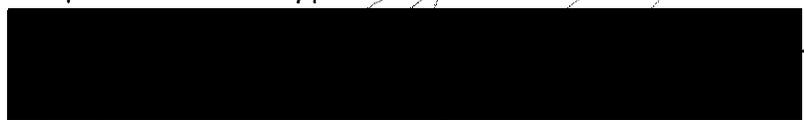
**Step 2: You complete the section below. This must be done in the presence of the notary.**

Print name below:

TIMOTHY E. THWING

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 05/03/2020