



Massachusetts Information For Voters 2012 Ballot Questions Large Type Edition

State Election

Tuesday, November 6, 2012

To receive a Mail-in Voter Registration Form, call the
Elections Division at 617-727-2828 or 1-800-462-VOTE

Published by

William Francis Galvin

Secretary of the Commonwealth



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the Commonwealth

Dear Voter:

What major events will happen in your life during the next four years? Whether it's the achievement of personal goals, such as education, health, retirement, or simply financial or employment security, your personal goals will be affected by the choices we make in the upcoming elections. Will you have a voice? You should. This election is the opportunity for your voice to be heard.

If you have not yet registered to vote or need to re-register because you moved, we have enclosed a form for you to fill out and mail back, but you must register by October 17, 2012 to have your name appear on the voting list. If you or any other members of your household would like any additional registration forms, please contact 1-800-392-6090 or 617-727-7030, or visit my website at www.sec.state.ma.us/ele

There are three binding statewide ballot questions that will appear on your ballot. The 2012 official Information for Voters booklet lists each question with the text of the proposed law, statements describing the effect of a yes or

no vote, a summary and brief arguments for and against each question. This information will assist you in making a thoughtful decision before you enter your polling place and you can even take it with you into the voting booth if you wish.

My office provides many important services including business formation, investor protection, land record recordation and many others. However, the most important service we perform is providing citizen information. If you need help finding your way through state government, please contact our Citizen Information Service at 1-800-392-6090 or 617-727-7030.

I urge you to vote on November 6, 2012 and exercise the most essential right of our democratic system. Polling places will be open from 7:00am to 8:00pm statewide. Absentee ballots are easily available before the election.

Very truly yours,

A handwritten signature in cursive script that reads "William Francis Galvin".

William Francis Galvin
Secretary of the Commonwealth

Offices on the Ballot in 2012

Electors of President and Vice President

Senator in Congress

Representative in Congress

Councillor

Senator in General Court

Representative in General Court

Clerk of Courts

Register of Deeds

County Commissioner

(Barnstable, Bristol, Dukes, Norfolk, Plymouth), or Franklin

Council of Governments

Sheriff

(Middlesex county only)

Register of Probate

(Hampshire and Suffolk counties only)

Deadline to Register to Vote!

To vote in the State Election, your Mail-in Voter Registration Form must be postmarked by Wednesday, October 17, 2012!

To receive a Mail-in Voter Registration Form, call the Elections Division at 617-727-2828 or 1-800-462-VOTE.

¡Atención, ciudadanos que habla español!

El Secretario del Estado ha publicado este folleto en español. Para solicitar ejemplares gratuitos de la versión en español, llámé a al teléfono 617-727-7030 o 1-800-392-6090 (esta llamada es gratuita).

Contents

Question 1 Availability of Motor Vehicle Repair Information	.7
Question 2 Prescribing Medication to End Life	18
Question 3 Medical Use of Marijuana.....	45
Military and Overseas Voters	64
How to Register to Vote.....	65
Voting	68
Voting by Absentee Ballot.....	71
If you have been the victim of investment fraud	74
Services of the Secretary of the Commonwealth of Massachusetts.....	76
Massachusetts Voters' Bill of Rights.....	80
Voter Checklist	83

QUESTION 1:

Law Proposed by Initiative Petition

Availability of Motor Vehicle Repair Information

Do you approve of a law summarized below, on which no vote was taken by the Senate or the House of Representatives on or before May 1, 2012?

SUMMARY

As required by law, summaries are written by the State Attorney General, and the statements describing the effect of a “yes” or “no” vote are written jointly by the State Attorney General and the Secretary of the Commonwealth.

This proposed law would prohibit any motor vehicle manufacturer, starting with model year 2015, from selling or leasing, either directly or through a dealer, a new motor vehicle without allowing the owner to have access to the same diagnostic and repair information made available to the manufacturer’s dealers and in-state authorized repair facilities.

The manufacturer would have to allow the owner, or the owner’s designated in-state independent repair facility (one not affiliated with a manufacturer or its authorized dealers), to obtain diagnostic and repair information electronically, on an hourly, daily, monthly, or yearly subscription basis, for no

Page 8

more than fair market value and on terms that do not unfairly favor dealers and authorized repair facilities.

The manufacturer would have to provide access to the information through a non-proprietary vehicle interface, using a standard applied in federal emissions-control regulations. Such information would have to include the same content, and be in the same form and accessible in the same manner, as is provided to the manufacturer's dealers and authorized repair facilities.

For vehicles manufactured from 2002 through model year 2014, the proposed law would require a manufacturer of motor vehicles sold in Massachusetts to make available for purchase, by vehicle owners and in-state independent repair facilities, the same diagnostic and repair information that the manufacturer makes available through an electronic system to its dealers and in-state authorized repair facilities. Manufacturers would have to make such information available in the same form and manner, and to the same extent, as they do for dealers and authorized repair facilities. The information would be available for purchase on an hourly, daily, monthly, or yearly subscription basis, for no more than fair market value and on terms that do not unfairly favor dealers and authorized repair facilities.

For vehicles manufactured from 2002 through model year 2014, the proposed law would also require manufacturers to make available for purchase, by vehicle owners and in-

state independent repair facilities, all diagnostic repair tools, incorporating the same diagnostic, repair and wireless capabilities as those available to dealers and authorized repair facilities. Such tools would have to be made available for no more than fair market value and on terms that do not unfairly favor dealers and authorized repair facilities.

For all years covered by the proposed law, the required diagnostic and repair information would not include the information necessary to reset a vehicle immobilizer, an anti-theft device that prevents a vehicle from being started unless the correct key code is present. Such information would have to be made available to dealers, repair facilities, and owners through a separate, secure data release system.

The proposed law would not require a manufacturer to reveal a trade secret and would not interfere with any agreement made by a manufacturer, dealer, or authorized repair facility that is in force on the effective date of the proposed law. Starting January 1, 2013, the proposed law would prohibit any agreement that waives or limits a manufacturer's compliance with the proposed law.

Any violation of the proposed law would be treated as a violation of existing state consumer protection and unfair trade-practices laws.

WHAT YOUR VOTE WILL DO

A YES VOTE would enact the proposed law requiring motor vehicle manufacturers to allow vehicle owners and independent repair facilities in Massachusetts to have access to the same vehicle diagnostic and repair information made available to the manufacturers' Massachusetts dealers and authorized repair facilities.

A NO VOTE would make no change in existing laws.

ARGUMENTS

As provided by law, the 150-word arguments are written by proponents and opponents of each question, and reflect their opinions. The Commonwealth of Massachusetts does not endorse these arguments, and does not certify the truth or accuracy of any statement made in these arguments. The names of the individuals and organizations who wrote each argument, and any written comments by others about each argument, are on file in the Office of the Secretary of the Commonwealth.

IN FAVOR: A YES vote on Right to Repair will make it more convenient and less expensive for car owners to get car repairs by ensuring that no one is forced to go to a dealership for repairs unless they want to.

A broad coalition of independent repair shops and consumer groups like AAA urge a YES vote on Right to Repair because they believe it is only fair that when you buy a car

you have access to all information needed to fix it.

A YES vote on Right to Repair will give car owners more options for where they can get car repairs. A YES vote will allow all car owners and independent repair shops to have access to all information necessary to fix their car.

A YES vote on Right to Repair means it's your car, you paid for it, you should get it fixed where you want.

Authored by:

Arthur W. Kinsman

Massachusetts Right to Repair Committee

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AGAINST: Automakers already make repair information and tools available for purchase by anyone as a result of a 2002 national agreement. Repair shops oppose this measure because the current system works.

This measure would negatively alter how repair information is provided and mandate the redesign of all cars, trucks, 18-wheelers, public transit and school buses, fire engines, ambulances, motorcycles and RVs. It would require the use of 15-year-old, outdated technology. Worse, this backward redesign – which adds to sticker price – must occur by January 2, 2014 or vehicles cannot be sold in Massachusetts.

Page 12

This measure could lead to the release of sensitive personal information, make vehicle hacking easier, and threaten safety and fuel efficiency innovation. Increased safety threats – including theft – are why law enforcement opposes the measure.

Nothing in the measure requires any supposed savings to be passed on to consumers.

A “no” vote protects consumer safety and ensures vehicle choice.

Authored by:

David Martin, Treasurer

Citizens Committee for Safe and Fair Repair

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FULL TEXT OF QUESTION

Be it enacted by the People, and by their authority, as follows:

SECTION 1. The General Laws of Massachusetts shall be amended by inserting after chapter 93I the following new chapter 93J:—

CHAPTER 93J

MASSACHUSETTS RIGHT TO REPAIR ACT

Section 1. As used in this chapter, the following words shall, unless the context clearly indicates a different meaning, have the following meanings:

“Authorized repair facility”, a person or business operating in the commonwealth that is affiliated, by contract or otherwise, with an authorized dealer or motor vehicle manufacturer and is engaged in the diagnosis, service, maintenance or repair of motor vehicles or motor vehicle engines.

“Dealer”, a person or business authorized by a manufacturer to lease or sell the manufacturer’s new motor vehicles at retail; provided, however, that the dealer is also engaged in the diagnosis, service, maintenance or repair of motor vehicles or motor vehicle engines.

“Immobilizer system”, an electronic device equipped on a vehicle for the sole purpose of preventing the theft of that vehicle by preventing a vehicle from being started unless the correct key code is present.

“Independent repair facility”, a person or business operating in the commonwealth engaged in the diagnosis, service, maintenance or repair of motor vehicles or motor vehicle engines and that is not affiliated with a manufacturer or a dealer.

“Manufacturer”, any person or business engaged in the business of manufacturing or assembling new motor vehicles.

“Owner”, a person or business who owns, leases or otherwise has the legal right to use and possess a motor vehicle or the agent of that person.

“Trade secret”, anything tangible or intangible or electronically kept or stored, which constitutes, represents, evidences or records a secret scientific, technical, merchandising, production or management information, design, process, procedure, formula, invention or improvement.

Section 2. Commencing with new motor vehicle model year 2015 and thereafter, no manufacturer of a motor vehicle may sell or lease or offer for sale or lease, directly or through a dealer, a new motor vehicle without affording to the owner access to the same diagnostic and repair information relative to said new motor vehicle that the manufacturer makes available to its dealers and authorized repair facilities.

The manufacturer shall maintain a diagnostic and repair information system which shall enable the owner of the motor vehicle or the owner’s designated independent repair facility, the capability to utilize such system via the worldwide web or other electronically available manufacturer repair information system on a hourly, daily, monthly or yearly subscription basis at cost and terms that are no greater than fair market value and nondiscriminatory as compared with the terms and costs charged to dealers or authorized repair facilities.

Manufacturers shall provide access to their diagnostic and repair information system through a non-proprietary vehicle interface that complies with SAE J2534 as required by the United States Environmental Protection Agency in 40 CFR § 86.1808-01(f). The manufacturer's diagnostic and repair information system shall provide the same diagnostic and repair information, including technical updates, which the manufacturer makes available to its dealers and authorized motor vehicle repair facilities. The content of said diagnostic and repair information system shall be in the same form and shall be accessed in the same manner as is available to dealers and authorized motor vehicle repair facilities utilizing said information system. Manufacturers shall exclude diagnostic, service and repair information necessary to reset a vehicle immobilizer system.

Information necessary to reset a vehicle immobilizer system shall be obtained by dealers, authorized motor vehicle repair facilities, motor vehicle owners and independent motor vehicle repair facilities through the secure data release model system as currently used by the National Automotive Service Task Force or other known, reliable and accepted law enforcement Internet-based systems.

Section 3. For vehicles manufactured from 2002 through the model year 2014, a manufacturer of motor vehicles sold in the commonwealth shall make available for purchase by owners of motor vehicles manufactured by the manufacturer

Page 16

and by independent repair facilities the same diagnostic and repair information, including repair technical updates, that the manufacturer makes available to its dealers and authorized repair facilities through the manufacturer's world wide web diagnostic and repair information system or other electronically available manufacturers repair information system.

All content of said repair information system shall be made available to owners and to independent repair facilities in the same form and manner and to the same extent as is made available to dealers and authorized repair facilities utilizing said repair information system.

Manufacturers shall exclude diagnostic, service and repair information necessary to reset a vehicle immobilizer system. Information necessary to reset a vehicle immobilizer system shall be obtained by dealers, authorized repair facilities, owners, and independent repair facilities through the secure data release model system as currently used by the National Automotive Service Task Force or other known, reliable and accepted law enforcement Internet-based systems.

Access to the manufacturer's diagnostic and repair information system shall be available for purchase by owners and independent repair facilities on an hourly, daily, monthly or yearly subscription basis and at cost and terms that are no greater than fair market value and nondiscriminatory as compared with the terms and costs charged to dealers or

authorized repair facilities.

Each manufacturer shall make available for purchase by owners and independent repair facilities all diagnostic repair tools incorporating the same diagnostic, repair and wireless capabilities that the manufacturer makes available to its dealers and authorized motor vehicle repair facilities. These tools shall incorporate the same functional repair capabilities that the manufacturer makes available to dealers and authorized repair facilities. The cost and other terms of any sale of such tools to owners and to independent repair facilities shall be no greater than fair market value and nondiscriminatory as compared to the terms and costs charged to dealers or authorized repair facilities.

Section 4. Nothing in this chapter shall require a motor vehicle manufacturer to divulge a trade secret.

Section 5. Nothing in this chapter shall be interpreted or construed to abrogate, interfere with, contradict or alter the terms of any agreement made by a manufacturer, dealer, or authorized repair facility executed and in force as of the effective date of this chapter. On and after January 1, 2013, no person shall make or enter an agreement that purports to waive, avoid, restrict or limit a manufacturer's compliance with this chapter and any such agreement shall be void and unenforceable.

Section 6. Any violation of this chapter shall be deemed to be an unfair method of competition and an unfair

or deceptive act or practice in the conduct of trade or commerce in violation of section 2 of chapter 93A. In the event of a dispute concerning the determination of fair market value under this chapter, the parties may agree to binding arbitration under the rules of the American Arbitration Association or, absent such agreement, either party may initiate an action in the superior court for relief under chapter 231A.

QUESTION 2:

Law Proposed by Initiative Petition

Prescribing Medication to End Life

Do you approve of a law summarized below, on which no vote was taken by the Senate or the House of Representatives on or before May 1, 2012?

SUMMARY

As required by law, summaries are written by the State Attorney General, and the statements describing the effect of a “yes” or “no” vote are written jointly by the State Attorney General and the Secretary of the Commonwealth.

This proposed law would allow a physician licensed in Massachusetts to prescribe medication, at a terminally ill patient’s request, to end that patient’s life. To qualify, a patient would have to be an adult resident who (1) is medically determined to be mentally capable of making

and communicating health care decisions; (2) has been diagnosed by attending and consulting physicians as having an incurable, irreversible disease that will, within reasonable medical judgment, cause death within six months; and (3) voluntarily expresses a wish to die and has made an informed decision. The proposed law states that the patient would ingest the medicine in order to cause death in a humane and dignified manner.

The proposed law would require the patient, directly or through a person familiar with the patient's manner of communicating, to orally communicate to a physician on two occasions, 15 days apart, the patient's request for the medication. At the time of the second request, the physician would have to offer the patient an opportunity to rescind the request. The patient would also have to sign a standard form, in the presence of two witnesses, one of whom is not a relative, a beneficiary of the patient's estate, or an owner, operator, or employee of a health care facility where the patient receives treatment or lives.

The proposed law would require the attending physician to: (1) determine if the patient is qualified; (2) inform the patient of his or her medical diagnosis and prognosis, the potential risks and probable result of ingesting the medication, and the feasible alternatives, including comfort care, hospice care and pain control; (3) refer the patient to a consulting physician for a diagnosis and prognosis regarding the

patient's disease, and confirmation in writing that the patient is capable, acting voluntarily, and making an informed decision; (4) refer the patient for psychiatric or psychological consultation if the physician believes the patient may have a disorder causing impaired judgment; (5) recommend that the patient notify next of kin of the patient's intention; (6) recommend that the patient have another person present when the patient ingests the medicine and to not take it in a public place; (7) inform the patient that he or she may rescind the request at any time; (8) write the prescription when the requirements of the law are met, including verifying that the patient is making an informed decision; and (9) arrange for the medicine to be dispensed directly to the patient, or the patient's agent, but not by mail or courier.

The proposed law would make it punishable by imprisonment and/or fines, for anyone to (1) coerce a patient to request medication, (2) forge a request, or (3) conceal a rescission of a request. The proposed law would not authorize ending a patient's life by lethal injection, active euthanasia, or mercy killing. The death certificate would list the underlying terminal disease as the cause of death.

Participation under the proposed law would be voluntary. An unwilling health care provider could prohibit or sanction another health care provider for participating while on the premises of, or while acting as an employee of or contractor for, the unwilling provider.

The proposed law states that no person would be civilly or criminally liable or subject to professional discipline for actions that comply with the law, including actions taken in good faith that substantially comply. It also states that it should not be interpreted to lower the applicable standard of care for any health care provider.

A person's decision to make or rescind a request could not be restricted by will or contract made on or after January 1, 2013, and could not be considered in issuing, or setting the rates for, insurance policies or annuities. Also, the proposed law would require the attending physician to report each case in which life-ending medication is dispensed to the state Department of Public Health. The Department would provide public access to statistical data compiled from the reports.

The proposed law states that if any of its parts was held invalid, the other parts would stay in effect.

WHAT YOUR VOTE WILL DO

A YES VOTE would enact the proposed law allowing a physician licensed in Massachusetts to prescribe medication, at the request of a terminally-ill patient meeting certain conditions, to end that person's life.

A NO VOTE would make no change in existing laws.

ARGUMENTS

As provided by law, the 150-word arguments are written by proponents and opponents of each question, and reflect their opinions. The Commonwealth of Massachusetts does not endorse these arguments, and does not certify the truth or accuracy of any statement made in these arguments. The names of the individuals and organizations who wrote each argument, and any written comments by others about each argument, are on file in the Office of the Secretary of the Commonwealth.

IN FAVOR: When my father was diagnosed with brain cancer, he had little time left. As his final days neared, he chose to use the Death with Dignity law in his home state of Oregon. The Massachusetts version, like those in other states, will allow mentally competent adults with no chance to survive their illness to take life-ending medication prescribed by a physician.

My dad knew he wanted to die in the comfort of his own home; competent and aware instead of detached and sedated; on his own terms instead of those of a fatal disease that had already taken too much.

My dad was already dying, but because of this law, he could say goodbye to those he loved, with dignity and grace in my mother's arms.

I urge you to vote "Yes" because, while this choice isn't for

everyone, everyone has the right to this choice.

Authored by:

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Dignity 2012

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AGAINST: Question 2 restricts patients' choices and control by enabling suicide as a substitute for quality health care. Question 2 is poorly written, confusing and lacks even the most basic safeguards. Patients would not be required to see a psychiatrist before obtaining the lethal drug. Many patients with a treatable form of depression could get a life-ending prescription, rather than effective psychological care. Also, the proposal lacks any public safety oversight after the fatal drug is obtained.

Question 2 does not require a consultation for palliative care, a compassionate form of care that eliminates pain and maximizes quality of life for the terminally ill. And, eligibility is based on a six-month life expectancy. Doctors agree these estimates are often wrong. Individuals can outlive their prognosis by months or even years. Massachusetts should improve access to quality health care for terminally ill patients, not access to suicide. Vote no on Question 2.

Authored by:

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FULL TEXT OF QUESTION

Be it enacted by the People, and by their authority, as follows:

SECTION 1. It is hereby declared that the public welfare requires a defined and safeguarded process by which an adult Massachusetts resident who has the capacity to make health care decisions and who has been determined by his or her attending and consulting physicians to be suffering from a terminal disease that will cause death within six months may obtain medication that the patient may self administer to end his or her life in a humane and dignified manner. It is further declared that the public welfare requires that such a process be entirely voluntary on the part of all participants, including the patient, his or her physicians, and any other health care provider or facility providing services or care to the patient. This act, being necessary for the welfare of the Commonwealth and its residents, shall be liberally construed to effect the purposes thereof.

SECTION 2. The General Laws of Massachusetts shall be

amended by inserting after chapter 201F the following new chapter 201G:—

CHAPTER 201G

MASSACHUSETTS DEATH WITH DIGNITY ACT

Section 1. Definitions.

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) “Adult” means an individual who is eighteen years of age or older.

(2) “Attending physician” means the physician who has primary responsibility for the care of the patient and treatment of the patient’s terminal disease.

(3) “Capable” means having the capacity to make health care decisions and to communicate them to health care providers, including communication through persons familiar with the patient’s manner of communicating if those persons are available.

(4) “Consulting physician” means a physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient’s disease.

(5) “Counseling” means one or more consultations as necessary between a state licensed psychiatrist or psychologist and a patient for the purpose of determining that the patient is capable and not suffering from a

Page 26

psychiatric or psychological disorder or depression causing impaired judgment.

(6) “Health care provider” means a person licensed, certified, or otherwise authorized or permitted by law to administer health care or dispense medication in the ordinary course of business or practice of a profession, and includes a health care facility.

(7) “Informed decision” means a decision by a qualified patient, to request and obtain a prescription for medication that the qualified patient may self-administer to end his or her life in a humane and dignified manner, that is based on an appreciation of the relevant facts and after being fully informed by the attending physician of:

- (a) his or her medical diagnosis;
- (b) his or her prognosis;
- (c) the potential risks associated with taking the medication to be prescribed;
- (d) the probable result of taking the medication to be prescribed; and
- (e) the feasible alternatives including, but not limited to, comfort care, hospice care, and pain control.

(8) “Medically confirmed” means the medical opinion of the attending physician has been confirmed by a consulting physician who has examined the patient and the patient’s relevant medical records.

(9) “Patient” means a person who is under the care of a

physician.

(10) “Physician” means a doctor of medicine or osteopathy licensed to practice medicine in Massachusetts by the board of registration in medicine.

(11) “Qualified patient” means a capable adult who is a resident of Massachusetts and has satisfied the requirements of this chapter in order to obtain a prescription for medication that the qualified patient may self-administer to end his or her life in a humane and dignified manner.

(12) “Self-administer” means a qualified patient’s act of ingesting medication to end his or her life in a humane and dignified manner.

(13) “Terminal disease” means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months.

Section 2. Written request for medication.

(1) An adult resident of Massachusetts who is capable and has been determined by his or her attending physician and consulting physician to be suffering from a terminal disease, and who has voluntarily expressed his or her wish to die, may make a written request for medication that the patient may self-administer to end his or her life in a humane and dignified manner in accordance with this chapter.

Page 28

(2) A person does not qualify under this chapter solely because of age or disability.

Section 3. Form of the written request.

(1) A valid request for medication under this chapter shall be in substantially the form set forth in section 21, signed and dated by the patient and witnessed by at least two individuals who, in the presence of the patient, attest that to the best of their knowledge and belief the patient is capable, acting voluntarily, and is not being coerced to sign the request.

(2) At least one of the witnesses shall be a person who is not:

- (a) a relative of the patient by blood, marriage, or adoption;
- (b) a person who at the time the request is signed would be entitled to any portion of the estate of the qualified patient upon death under any will or by operation of law; and
- (c) an owner, operator, or employee of a health care facility where the qualified patient is receiving medical treatment or is a resident.

(3) The patient's attending physician at the time the request is signed shall not serve as a witness.

(4) If the patient is a patient in a long-term care facility at the time the written request is made, one of the witnesses shall be an individual designated by the facility.

Section 4. Attending physician responsibilities.

(1) The attending physician shall:

(a) make the initial determination of whether a patient has a terminal disease, is capable, and has made the request voluntarily;

(b) request that the patient demonstrate Massachusetts residency;

(c) to ensure that the patient is making an informed decision, inform the patient of:

(i) his or her medical diagnosis;

(ii) his or her prognosis;

(iii) the potential risks associated with taking the medication to be prescribed;

(iv) the probable result of taking the medication to be prescribed; and

(v) the feasible alternatives including, but not limited to, comfort care, hospice care, and pain control;

(d) refer the patient to a consulting physician for medical confirmation of the diagnosis, and for a determination that the patient is capable and acting voluntarily;

(e) refer the patient for counseling if appropriate pursuant to section 6;

(f) recommend that the patient notify next of kin;

(g) advise the patient about the importance of having another person present when the patient takes the medication

Page 30

prescribed under this chapter and of not taking the medication in a public place;

(h) inform the patient that he or she has an opportunity to rescind the request at any time and in any manner, and offer the patient an opportunity to rescind at the end of the fifteen-day waiting period required by section 9;

(i) verify, immediately before writing the prescription for medication under this chapter, that the patient is making an informed decision;

(j) fulfill the medical record documentation requirements of section 12;

(k) ensure that all appropriate steps are carried out in accordance with this chapter before writing a prescription for medication to enable a qualified patient to end his or her life in a humane and dignified manner; and

(l) (i) dispense medications directly, including ancillary medications intended to facilitate the desired effect to minimize the patient's discomfort, if the attending physician is authorized under law to dispense and has a current drug enforcement administration certificate; or

(ii) with the patient's written consent: (A) contact a pharmacist and inform the pharmacist of the prescription; and (B) deliver the written prescription personally, by mail, or by otherwise permissible electronic communication to the pharmacist, who will dispense the medications directly to either the patient, the attending physician, or an expressly identified agent of the patient. Medications dispensed

pursuant to this paragraph (l) shall not be dispensed by mail or other form of courier.

(2) The attending physician may sign the patient's death certificate which shall list the underlying terminal disease as the cause of death.

Section 5. Consulting physician responsibilities.

A patient may not be considered qualified under this chapter until a consulting physician has examined the patient and his or her relevant medical records and confirmed, in writing, the attending physician's diagnosis that the patient is suffering from a terminal disease, and verified that the patient is capable, is acting voluntarily, and has made an informed decision.

Section 6. Counseling referral.

If, in the opinion of the attending physician or the consulting physician, a patient may be suffering from a psychiatric or psychological disorder or depression causing impaired judgment, either physician shall refer the patient for counseling. Medication to end a patient's life in a humane and dignified manner shall not be prescribed unless and until the person performing the counseling determines that the patient is not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.

Section 7. Informed decision.

A patient shall not receive a prescription for medication to

end his or her life in a humane and dignified manner unless he or she has made an informed decision. Immediately before writing a prescription for medication under this chapter, the attending physician shall verify that the patient is making an informed decision.

Section 8. Notification of next of kin.

No patient shall receive a prescription for medication to end his or her life in a humane and dignified manner unless the attending physician has recommended that the patient notify the next of kin of his or her request for medication under this chapter. A patient who declines or is unable to notify next of kin shall not have his or her request denied for that reason.

Section 9. Written and oral requests.

In order to receive a prescription for medication that the qualified patient may self-administer to end his or her life in a humane and dignified manner, a qualified patient shall have made an oral request and a written request, and reiterate the oral request to his or her attending physician at least fifteen days after making the initial oral request. At the time the qualified patient makes his or her second oral request, the attending physician shall offer the qualified patient an opportunity to rescind the request.

Section 10. Right to rescind request.

A patient may rescind his or her request at any time and in any manner without regard to his or her mental state. No

prescription for medication under this chapter may be written without the attending physician offering the qualified patient an opportunity to rescind the request.

Section 11. Waiting periods.

(1) At least fifteen days shall elapse between the patient's initial oral request and the writing of a prescription under this chapter.

(2) At least forty-eight hours shall elapse between the time the patient signs the written request and the writing of a prescription under this chapter.

Section 12. Medical record documentation requirements.

The following items shall be documented or filed in the patient's medical record:

(1) all oral requests by a patient to a physician for medication to end his or her life in a humane and dignified manner;

(2) all written requests by a patient for medication to end his or her life in a humane and dignified manner;

(3) the attending physician's diagnosis and prognosis, and determination that the patient is capable, is acting voluntarily, and has made an informed decision;

(4) the consulting physician's diagnosis and prognosis, and verification that the patient is capable, is acting voluntarily, and has made an informed decision;

(5) a report of the outcome and determinations made during counseling, if performed;

(6) the attending physician's offer to the patient to rescind his or her request at the time of the patient's second oral request under section 9; and

(7) a note by the attending physician indicating that all requirements under this chapter have been met and indicating the steps taken to carry out the request, including a notation of the medication prescribed.

Section 13. Residency requirement.

Only requests made by Massachusetts residents may be granted under this chapter. Factors demonstrating Massachusetts residency include but are not limited to: possession of a Massachusetts driver's license; registration to vote in Massachusetts; or the filing of a Massachusetts resident tax return for the most recent tax year.

Section 14. Disposal of unused medications.

Any medication dispensed under this chapter that was not self-administered shall be disposed of by lawful means.

Section 15. Information reporting; disclosure of information collected; annual statistical report.

(1) Not later than March 20, 2013, the department of public health shall promulgate rules requiring any health care provider upon dispensing medication pursuant to this chapter

to file a copy of the dispensing record with the department and to otherwise facilitate the collection of information regarding compliance with this chapter; provided that all administratively required documentation shall be mailed or otherwise transmitted to the department as provided by rule no later than thirty days after the writing of a prescription and dispensing of medication under this chapter, except that all documents required to be filed with the department by the prescribing physician after the death of the patient shall be mailed no later than thirty days after the date of death of the patient. In the event that anyone required under this chapter to report information to the department provides an inadequate or incomplete report, the department shall contact the person to request a complete report.

(2) Except as otherwise required by law, the information collected pursuant to subsection (1) shall not be a public record to the extent it contains material or data that could be used to identify individual patients, physicians, or other health care providers.

(3) The department shall annually review the records maintained pursuant to this chapter and shall generate and make available to the public an annual statistical report of information collected under subsection (1) of this section.

Section 16. Contracts, wills, insurance policies, annuities.

(1) No provision in a contract, will, insurance policy, annuity,

or other agreement, whether written or oral, made on or after January 1, 2013, shall be valid to the extent the provision would condition or restrict a person's decision to make or rescind a request for medication to end his or her life in a humane and dignified manner.

(2) No obligation owing under any contract, will, insurance policy, annuity, or other agreement made before the effective date of this chapter shall be affected by the provisions of this chapter, a person's making or rescinding a request for medication to end his or her life in a humane and dignified manner, or by taking any other action authorized by this chapter.

(3) On and after January 1, 2013, the sale, procurement, or issuance of any life, health, or accident insurance policy or annuity or the premium or rate charged for any such policy or annuity shall not be conditioned upon or otherwise take into account the making or rescinding of a request for medication under this chapter by any person.

Section 17. No authorization of lethal injection, etc.; no reduction in standard of care.

(1) Nothing in this chapter authorizes a physician or any other person to end a patient's life by lethal injection, active euthanasia, or mercy killing.

(2) Nothing contained in this chapter shall be interpreted to lower the applicable standard of care for the attending

physician, consulting physician, psychiatrist or psychologist, or other health care provider participating under this chapter.

Section 18. Immunities; permissible sanctions.

(1) Except as provided in section 19 and subsection (3) of this section:

(a) No person shall be subject to civil or criminal liability or professional disciplinary action by any regulatory agency for any actions undertaken in compliance with this chapter. This includes being present when a qualified patient takes the prescribed medication to end his or her life in a humane and dignified manner. A person who substantially complies in good faith with the provisions of this chapter shall be deemed to be in compliance with this chapter.

(b) Actions taken in accordance with this chapter shall not constitute suicide, assisted suicide, mercy killing or homicide under any criminal law of the commonwealth.

(c) A patient's request for or the provision of medication in compliance with this chapter shall not constitute neglect for any purpose of law or provide the sole basis for the appointment of a guardian or conservator; and

(2) Participation in this chapter shall be voluntary. If a health care provider is unable or unwilling to carry out a patient's request under this chapter, and the patient transfers his or her care to a new health care provider, the prior health care provider shall transfer, upon request, a copy of the patient's

relevant medical records to the new health care provider.

(3) (a) A health care provider may prohibit another health care provider from participating in this chapter on the premises of the prohibiting provider if the prohibiting provider has given prior notice to all health care providers with privileges to practice on the premises of the prohibiting provider's policy regarding participation in this chapter.

This subsection does not prevent a health care provider from providing health care services to a patient that do not constitute participation in this chapter.

(b) A health care provider may subject another health care provider to the sanctions stated in this paragraph (b) if the sanctioning health care provider has notified the sanctioned provider before participation in this chapter that it prohibits participation in this chapter:

(i) loss of privileges, loss of membership, or other sanctions provided under the medical staff bylaws, policies, and procedures of the sanctioning health care provider if the sanctioned provider is a member of the sanctioning provider's medical staff and participates in this chapter while on the health care facility premises of the sanctioning health care provider, but not including the private medical office of a physician or other provider;

(ii) termination of a lease or other contract for the occupancy of real property or other nonmonetary remedies provided by such lease or contract if the sanctioned provider participates

in this chapter while on the premises of the sanctioning health care provider or on property that is owned by or under the direct control of the sanctioning health care provider; provided, however, that no lease or other contract made on and after January 1, 2013, shall authorize or permit nonmonetary remedies for participation in this chapter in the form of loss or restriction of medical staff privileges or exclusion from a provider panel; or

(iii) termination of a contract or other nonmonetary remedies provided by contract if the sanctioned provider participates in this chapter while acting in the course and scope of the sanctioned provider's capacity as an employee or independent contractor of the sanctioning health care provider. Nothing in this subparagraph (iii) prevents: (A) a health care provider from participating in this chapter while acting outside the course and scope of the provider's capacity as an employee or independent contractor; or (B) a patient from contracting with his or her attending physician and consulting physician to act outside the course and scope of the provider's capacity as an employee or independent contractor of the sanctioning health care provider.

(c) A health care provider that imposes sanctions under (b) of this subsection shall follow all otherwise applicable due process and other procedures the sanctioning health care provider may have in place that are related to the imposition of sanctions on another health care provider.

(d) For the purposes of this subsection (3), the following terms and their variants shall have the meanings given:

(i) “Notify” means a separate statement in writing to the health care provider specifically informing the health care provider before the provider’s participation in this chapter of the sanctioning health care provider’s policy about participation in activities covered by this chapter.

(ii) “Participate in this chapter” means to perform the duties of an attending physician under section 4, the consulting physician function under section 5, or the counseling function under section 6. “Participate in this chapter” does not include: (A) making an initial determination that a patient has a terminal disease and informing the patient of the medical prognosis; (B) providing information about the Massachusetts death with dignity act to a patient upon the request of the patient; (C) providing a patient, upon the request of the patient, with a referral to another physician; or (D) a health care provider’s contracting with a patient to act outside of the course and scope of the provider’s capacity as an employee or independent contractor of the sanctioning health care provider.

Section 19. Willful alteration or forgery; coercion, etc., penalties.

(1) A person who without authorization of the patient willfully alters or forges a request for medication or conceals or destroys a rescission of that request with the intent or effect

of causing the patient's death shall be guilty of a felony punishable by imprisonment in the state prison for not more than ten years or in the house of correction for not more than two and one-half years or by a fine of not more than five thousand dollars or by both such fine and imprisonment.

(2) A person who coerces or exerts undue influence on a patient to request medication to end the patient's life, or to destroy a rescission of a request, shall be guilty of a felony punishable by imprisonment in the state prison for not more than three years or in the house of correction for not more than two and one-half years or by a fine of not more than one thousand dollars or by both such fine and imprisonment.

(3) Nothing in this chapter limits liability for civil damages resulting from the negligence or intentional misconduct by any person.

(4) The penalties in this chapter do not preclude criminal penalties applicable under other law for conduct that is inconsistent with this chapter.

Section 20. Claims by governmental entity for costs incurred.

Any governmental entity that incurs costs resulting from a person terminating his or her life under this chapter in a public place has a claim against the estate of the person to recover such costs and reasonable attorneys' fees related to enforcing the claim.

Section 21. Form of the request.

A request for a medication as authorized by this chapter shall be in substantially the following form:

REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER

I, , am an adult of sound mind and a resident of the Commonwealth of Massachusetts.

I am suffering from , which my attending physician has determined is a terminal disease and which has been medically confirmed by a consulting physician.

I have been fully informed of my diagnosis, prognosis, the nature of medication to be prescribed and potential associated risks, the expected result, and the feasible alternatives, including comfort care, hospice care, and pain control.

I request that my attending physician prescribe medication that I may self-administer to end my life in a humane and dignified manner and to contact any pharmacist to fill the prescription.

INITIAL ONE:

. I have informed my family of my decision and taken their opinions into consideration.

. I have decided not to inform my family of my decision.

. I have no family to inform of my decision.

I understand that I have the right to rescind this request at any time.

I understand the full import of this request and I expect to die if and when I take the medication to be prescribed. I further understand that although most deaths occur within three hours, my death may take longer and my physician has counseled me about this possibility.

I make this request voluntarily and without reservation, and I accept full moral responsibility for my actions.

Signed:

Dated:

DECLARATION OF WITNESSES

By initialing and signing below on or after the date the person named above signs, we declare that the person making and signing the above request:

Witness 1

Witness 2

Initials

Initials

. 1. Is personally known to us or has provided proof of identity;

. 2. Signed this request in our presence on the date of the person's signature;

. 3. Appears to be of

sound mind and not under duress, fraud, or undue influence;
and

..... 4. Is not a patient for
whom either of us is the attending physician.

Printed Name of Witness 1:

Signature of Witness 1/Date:

Printed Name of Witness 2:

Signature of Witness 2/Date:

NOTE: At least one witness shall not be a relative by blood, marriage, or adoption of the person signing this request, shall not be entitled to any portion of the person's estate upon death, and shall not own, operate, or be employed at a health care facility where the person is a patient or resident. If the patient is an inpatient at a health care facility, one of the witnesses shall be an individual designated by the facility.

Section 22. Title.

This chapter may be known and cited as the Massachusetts death with dignity act.

Section 23. Severability.

If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

QUESTION 3

Law Proposed by Initiative Petition

Medical Use of Marijuana

Do you approve of a law summarized below, on which no vote was taken by the Senate or the House of Representatives on or before May 1, 2012?

SUMMARY

As required by law, summaries are written by the State Attorney General, and the statements describing the effect of a “yes” or “no” vote are written jointly by the State Attorney General and the Secretary of the Commonwealth.

This proposed law would eliminate state criminal and civil penalties for the medical use of marijuana by qualifying patients. To qualify, a patient must have been diagnosed with a debilitating medical condition, such as cancer, glaucoma, HIV-positive status or AIDS, hepatitis C, Crohn’s disease, Parkinson’s disease, ALS, or multiple sclerosis. The patient would also have to obtain a written certification, from a physician with whom the patient has a bona fide physician-patient relationship, that the patient has a specific debilitating medical condition and would likely obtain a net benefit from medical use of marijuana.

The proposed law would allow patients to possess up to a 60-day supply of marijuana for their personal medical use.

Page 46

The state Department of Public Health (DPH) would decide what amount would be a 60-day supply. A patient could designate a personal caregiver, at least 21 years old, who could assist with the patient's medical use of marijuana but would be prohibited from consuming that marijuana. Patients and caregivers would have to register with DPH by submitting the physician's certification.

The proposed law would allow for non-profit medical marijuana treatment centers to grow, process and provide marijuana to patients or their caregivers. A treatment center would have to apply for a DPH registration by (1) paying a fee to offset DPH's administrative costs; (2) identifying its location and one additional location, if any, where marijuana would be grown; and (3) submitting operating procedures, consistent with rules to be issued by DPH, including cultivation and storage of marijuana only in enclosed, locked facilities.

A treatment center's personnel would have to register with DPH before working or volunteering at the center, be at least 21 years old, and have no felony drug convictions. In 2013, there could be no more than 35 treatment centers, with at least one but not more than five centers in each county. In later years, DPH could modify the number of centers.

The proposed law would require DPH to issue a cultivation registration to a qualifying patient whose access to a treatment center is limited by financial hardship, physical

inability to access reasonable transportation, or distance. This would allow the patient or caregiver to grow only enough plants, in a closed, locked facility, for a 60-day supply of marijuana for the patient's own use.

DPH could revoke any registration for a willful violation of the proposed law. Fraudulent use of a DPH registration could be punished by up to six months in a house of correction or a fine of up to \$500, and fraudulent use of a registration for the sale, distribution, or trafficking of marijuana for non-medical use for profit could be punished by up to five years in state prison or by two and one-half years in a house of correction.

The proposed law would (1) not give immunity under federal law or obstruct federal enforcement of federal law; (2) not supersede Massachusetts laws prohibiting possession, cultivation, or sale of marijuana for nonmedical purposes; (3) not allow the operation of a motor vehicle, boat, or aircraft while under the influence of marijuana; (4) not require any health insurer or government entity to reimburse for the costs of the medical use of marijuana; (5) not require any health care professional to authorize the medical use of marijuana; (6) not require any accommodation of the medical use of marijuana in any workplace, school bus or grounds, youth center, or correctional facility; and (7) not require any accommodation of smoking marijuana in any public place.

The proposed law would take effect January 1, 2013, and states that if any of its part were declared invalid, the other parts would stay in effect.

WHAT YOUR VOTE WILL DO

A YES VOTE would enact the proposed law eliminating state criminal and civil penalties related to the medical use of marijuana, allowing patients meeting certain conditions to obtain marijuana produced and distributed by new state-regulated centers or, in specific hardship cases, to grow marijuana for their own use.

A NO VOTE would make no change in existing laws.

ARGUMENTS

As provided by law, the 150-word arguments are written by proponents and opponents of each question, and reflect their opinions. The Commonwealth of Massachusetts does not endorse these arguments, and does not certify the truth or accuracy of any statement made in these arguments. The names of the individuals and organizations who wrote each argument, and any written comments by others about each argument, are on file in the Office of the Secretary of the Commonwealth.

IN FAVOR: A YES vote will ease the suffering of thousands of people with cancer, Parkinson's disease, Crohn's disease, multiple sclerosis, HIV/AIDS, glaucoma, and other debilitating conditions. Scientific research has proven that marijuana can be useful for many clinical applications, including pain relief, nausea, and seizures.

Provisions of the proposed law requiring strict regulation

by the Massachusetts Department of Public Health, written physician approval, a limited number of non-profit treatment centers, and criminal penalties for fraud will help ensure only appropriate medical use of marijuana.

This proposal has been endorsed by many patients, their families, medical professionals, and law enforcement officials who believe that a smart, science-based approach can help suffering patients without encouraging inappropriate drug use. In fact, allowing the medical use of marijuana will lessen the need for dangerous narcotics like morphine and OxyContin.

On behalf of thousands of patients, we ask for your support.

Authored by:

Linda Brantley, President

New England Coalition for Cancer Survivorship

Committee for Compassionate Medicine

P.O. Box 5715

Boston, MA 02114

617-520-4559

www.compassionforpatients.com

AGAINST: We all have compassion for those in pain, but the loopholes for corruption and exploitation are enormous. If enacted, this law would allow:

- virtually anyone could grow pot in their backyard and carry a 60-day supply;

Page 50

- anyone age 21 and over to operate a pot shop in your neighborhood to sell marijuana for any “medical” reason — not just for the seriously ill.

In Colorado, for example, less than 3% of patients suffer from cancer and HIV.

We do not need 35 pot shops to serve the less than 1% truly in need of medical marijuana in Massachusetts. There is already a marijuana pill available for prescription (Marinol). Other marijuana medication will be available in pharmacies soon.

Medical marijuana needs tighter restriction and physician oversight.

Let's develop medications properly and find a better path for seriously ill patients, who should not be arrested.

Protect Massachusetts from widespread abuse. Vote no.

Authored by:

Dr. Jay Broadhurst

Vote No on Question 3

P.O. Box 2954

Acton, MA 01720

508-330-3843

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FULL TEXT OF QUESTION

Be it enacted by the people and by their authority,

Section 1. Purpose and Intent.

The citizens of Massachusetts intend that there should be no punishment under state law for qualifying patients, physicians and health care professionals, personal caregivers for patients, or medical marijuana treatment center agents for the medical use of marijuana, as defined herein.

Section 2. As used in this Law, the following words shall, unless the context clearly requires otherwise, have the following meanings:

(A) “Card holder” shall mean a qualifying patient, a personal caregiver, or a dispensary agent of a medical marijuana treatment center who has been issued and possesses a valid registration card.

(B) “Cultivation registration” shall mean a registration issued to a medical marijuana treatment center for growing marijuana for medical use under the terms of this Act, or to a qualified patient or personal caregiver under the terms of Section 11.

(C) “Debilitating medical condition” shall mean:

Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome (AIDS), hepatitis C, amyotrophic lateral sclerosis (ALS), Crohn’s disease, Parkinson’s disease, multiple sclerosis and other conditions as determined in writing by a

qualifying patient's physician.

(D) "Department" shall mean the Department of Public Health of the Commonwealth of Massachusetts.

(E) "Dispensary agent" shall mean an employee, staff volunteer, officer, or board member of a non-profit medical marijuana treatment center, who shall be at least twenty-one (21) years of age.

(F) "Enclosed, locked facility" shall mean a closet, room, greenhouse, or other area equipped with locks or other security devices, accessible only to dispensary agents, patients, or personal caregivers.

(G) "Marijuana," has the meaning given "marihuana" in Chapter 94C of the General Laws.

(H) "Medical marijuana treatment center" shall mean a not-for-profit entity, as defined by Massachusetts law only, registered under this law, that acquires, cultivates, possesses, processes (including development of related products such as food, tinctures, aerosols, oils, or ointments), transfers, transports, sells, distributes, dispenses, or administers marijuana, products containing marijuana, related supplies, or educational materials to qualifying patients or their personal caregivers.

(I) "Medical use of marijuana" shall mean the acquisition, cultivation, possession, processing, (including development of related products such as food, tinctures, aerosols, oils, or

ointments), transfer, transportation, sale, distribution, dispensing, or administration of marijuana, for the benefit of qualifying patients in the treatment of debilitating medical conditions, or the symptoms thereof.

(J) “Personal caregiver” shall mean a person who is at least twenty-one (21) years old who has agreed to assist with a qualifying patient’s medical use of marijuana. Personal caregivers are prohibited from consuming marijuana obtained for the personal, medical use of the qualifying patient.

An employee of a hospice provider, nursing, or medical facility providing care to a qualifying patient may also serve as a personal caregiver.

(K) “Qualifying patient” shall mean a person who has been diagnosed by a licensed physician as having a debilitating medical condition.

(L) “Registration card” shall mean a personal identification card issued by the Department to a qualifying patient, personal caregiver, or dispensary agent. The registration card shall verify that a physician has provided a written certification to the qualifying patient, that the patient has designated the individual as a personal caregiver, or that a medical treatment center has met the terms of Section 9 and Section 10 of this law. The registration card shall identify for the Department and law enforcement those individuals who are exempt from Massachusetts criminal and civil penalties for conduct pursuant to the medical use of marijuana.

(M) “Sixty-day supply” means that amount of marijuana that a qualifying patient would reasonably be expected to need over a period of sixty days for their personal medical use.

(N) “Written certification” means a document signed by a licensed physician, stating that in the physician’s professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for the qualifying patient. Such certification shall be made only in the course of a bona fide physician-patient relationship and shall specify the qualifying patient’s debilitating medical condition(s).

Section 3. Protection from State Prosecution and Penalties for Health Care Professionals

A physician, and other health care professionals under a physician’s supervision, shall not be penalized under Massachusetts law, in any manner, or denied any right or privilege, for:

(a) Advising a qualifying patient about the risks and benefits of medical use of marijuana; or

(b) Providing a qualifying patient with written certification, based upon a full assessment of the qualifying patient’s medical history and condition, that the medical use of marijuana may benefit a particular qualifying patient.

Section 4. Protection From State Prosecution and Penalties for Qualifying Patients and Personal Caregivers

Any person meeting the requirements under this law shall not be penalized under Massachusetts law in any manner, or denied any right or privilege, for such actions.

A qualifying patient or a personal caregiver shall not be subject to arrest or prosecution, or civil penalty, for the medical use of marijuana provided he or she:

(a) Possesses no more marijuana than is necessary for the patient's personal, medical use, not exceeding the amount necessary for a sixty-day supply; and

(b) Presents his or her registration card to any law enforcement official who questions the patient or caregiver regarding use of marijuana.

Section 5. Protection From State Prosecution and Penalties for Dispensary Agents.

A dispensary agent shall not be subject to arrest, prosecution, or civil penalty, under Massachusetts law, for actions taken under the authority of a medical marijuana treatment center, provided he or she:

(a) Presents his or her registration card to any law enforcement official who questions the agent concerning their marijuana related activities; and

(b) Is acting in accordance with all the requirements of this law.

Section 6. Protection Against Forfeiture and Arrest

Page 56

(A) The lawful possession, cultivation, transfer, transport, distribution, or manufacture of medical marijuana as authorized by this law shall not result in the forfeiture or seizure of any property.

(B) No person shall be arrested or prosecuted for any criminal offense solely for being in the presence of medical marijuana or its use as authorized by this law.

Section 7. Limitations of Law

(A) Nothing in this law allows the operation of a motor vehicle, boat, or aircraft while under the influence of marijuana.

(B) Nothing in this law requires any health insurance provider, or any government agency or authority, to reimburse any person for the expenses of the medical use of marijuana.

(C) Nothing in this law requires any health care professional to authorize the use of medical marijuana for a patient.

(D) Nothing in this law requires any accommodation of any on-site medical use of marijuana in any place of employment, school bus or on school grounds, in any youth center, in any correctional facility, or of smoking medical marijuana in any public place.

(E) Nothing in this law supersedes Massachusetts law prohibiting the possession, cultivation, transport, distribution,

or sale of marijuana for nonmedical purposes.

(F) Nothing in this law requires the violation of federal law or purports to give immunity under federal law.

(G) Nothing in this law poses an obstacle to federal enforcement of federal law.

Section 8. Department to define presumptive 60-day supply for qualifying patients.

Within 120 days of the effective date of this law, the department shall issue regulations defining the quantity of marijuana that could reasonably be presumed to be a sixty-day supply for qualifying patients, based on the best available evidence. This presumption as to quantity may be overcome with evidence of a particular qualifying patient's appropriate medical use.

Section 9. Registration of nonprofit medical marijuana treatment centers.

(A) Medical marijuana treatment centers shall register with the department.

(B) Not later than ninety days after receiving an application for a nonprofit medical marijuana treatment center, the department shall register the nonprofit medical marijuana treatment center to acquire, process, possess, transfer, transport, sell, distribute, dispense, and administer marijuana

for medical use, and shall also issue a cultivation registration if:

1. The prospective nonprofit medical marijuana treatment center has submitted:

(a) An application fee in an amount to be determined by the department consistent with Section 13 of this law.

(b) An application, including:

(i) The legal name and physical address of the treatment center and the physical address of one additional location, if any, where marijuana will be cultivated.

(ii) The name, address and date of birth of each principal officer and board member.

(c) Operating procedures consistent with department rules for oversight, including cultivation and storage of marijuana only in enclosed, locked facilities.

2. None of the principal officers or board members has served as a principal officer or board member for a medical marijuana treatment center that has had its registration certificate revoked.

(C) In the first year after the effective date, the Department shall issue registrations for up to thirty-five non-profit medical marijuana treatment centers, provided that at least one treatment center shall be located in each county, and not more than five shall be located in any one county. In the

event the Department determines in a future year that the number of treatment centers is insufficient to meet patient needs, the Department shall have the power to increase or modify the number of registered treatment centers.

(D) A medical treatment center registered under this section, and its dispensary agents registered under Section 10, shall not be penalized or arrested under Massachusetts law for acquiring, possessing, cultivating, processing, transferring, transporting, selling, distributing, and dispensing marijuana, products containing marijuana, and related supplies and educational materials, to qualifying patients or their personal caregivers.

Section 10. Registration of medical treatment center dispensary agents.

(A) A dispensary agent shall be registered with the Department before volunteering or working at a medical marijuana treatment center.

(B) A treatment center must apply to the Department for a registration card for each affiliated dispensary agent by submitting the name, address and date of birth of the agent.

(C) A registered nonprofit medical marijuana treatment center shall notify the department within one business day if a dispensary agent ceases to be associated with the center, and the agent's registration card shall be immediately revoked.

Page 60

(D) No one shall be a dispensary agent who has been convicted of a felony drug offense. The Department is authorized to conduct criminal record checks with the Department of Criminal Justice Information to enforce this provision.

Section 11. Hardship Cultivation Registrations.

The Department shall issue a cultivation registration to a qualifying patient whose access to a medical treatment center is limited by verified financial hardship, a physical incapacity to access reasonable transportation, or the lack of a treatment center within a reasonable distance of the patient's residence. The Department may deny a registration based on the provision of false information by the applicant. Such registration shall allow the patient or the patient's personal caregiver to cultivate a limited number of plants, sufficient to maintain a 60-day supply of marijuana, and shall require cultivation and storage only in an enclosed, locked facility.

The department shall issue regulations consistent with this section within 120 days of the effective date of this law. Until the department issues such final regulations, the written recommendation of a qualifying patient's physician shall constitute a limited cultivation registration.

Section 12. Medical marijuana registration cards for qualifying patients and designated caregivers.

(A) A qualifying patient may apply to the department for a medical marijuana registration card by submitting:

1. Written certification from a physician.
2. An application, including:
 - (a) Name, address unless homeless, and date of birth.
 - (b) Name, address and date of birth of the qualifying patient's personal caregiver, if any.

Section 13. Department implementation of Regulations and Fees.

Within 120 days of the effective date of this law, the department shall issue regulations for the implementation of Sections 9 through 12 of this Law. The department shall set application fees for non-profit medical marijuana treatment centers so as to defray the administrative costs of the medical marijuana program and thereby make this law revenue neutral.

Until the approval of final regulations, written certification by a physician shall constitute a registration card for a qualifying patient. Until the approval of final regulations, a certified mail return receipt showing compliance with Section 12 (A) (2) (b) above by a qualifying patient, and a photocopy of the application, shall constitute a registration card for that patient's personal caregiver.

Section 14. Penalties for Fraudulent Acts.

Page 62

(A) The department, after a hearing, may revoke any registration card issued under this law for a willful violation of this law. The standard of proof for revocation shall be a preponderance of the evidence. A revocation decision shall be reviewable in the Superior Court.

(B) The fraudulent use of a medical marijuana registration card or cultivation registration shall be a misdemeanor punishable by up to 6 months in the house of correction, or a fine up to \$500, but if such fraudulent use is for the distribution, sale, or trafficking of marijuana for non-medical use for profit it shall be a felony punishable by up to 5 years in state prison or up to two and one half years in the house of correction.

Section 15. Confidentiality

The department shall maintain a confidential list of the persons issued medical marijuana registration cards. Individual names and other identifying information on the list shall be exempt from the provisions of Massachusetts Public Records Law, M.G.L. Chapter 66, section 10, and not subject to disclosure, except to employees of the department in the course of their official duties and to Massachusetts law enforcement officials when verifying a card holder's registration.

Section 16. Effective Date.

This law shall be effective January 1, 2013.

Section 17. Severability.

The provisions of this law are severable and if any clause, sentence, paragraph or section of this measure, or an application thereof, shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair, or invalidate the remainder thereof but shall be confined in its operation to the clause, sentence, paragraph, section or application adjudged invalid.

Reminder! Bring Personal Identification to the Polls!

You may be required to show personal identification to vote. If you registered to vote by mail you may be required to show identification when you vote for the first time in a federal election, such as the 2012 election.

Also, under Massachusetts law, any voter may be asked to show identification if there is a question about their identity.

Acceptable identification must include your name and the address at which you are registered to vote, for example: a current and valid driver's license, photo identification, current utility bill, bank statement, paycheck, government check, or other government document showing your name and the address at which you are registered to vote.

Military and Overseas Voters / Special Status

In Massachusetts, members of the Uniformed Services serving on active duty, their families and U.S. Citizens residing overseas are eligible to vote in all elections. These voters do not need to register to vote to request an absentee ballot. Absentee ballots can be requested using the Federal Post Card Application or any form of written communication, or a family member can request that an absentee ballot be sent to the voter.

Applications for absentee ballots for military and overseas voters must be received by the local election official by noon on the day before the election, which for the 2012 State Election is noon on Monday, November 5, 2012.

These voters can request that their absentee ballot be sent to them either by mail or electronically. After completing the absentee ballot, military and overseas voters may return their absentee ballot electronically or by mailing it back to their local election official. Absentee ballots sent by mail from inside the U.S. or sent electronically must be received by the local election official by the close of polls on election day, which is 8:00 p.m. (EST) on Tuesday, November 6, 2012. Absentee ballots sent by mail that are postmarked from outside the U.S., must be postmarked by Tuesday, November 6, 2012 and received by the local election official

no later than 10 days after the election to be counted, which for the 2012 State Election is November 16, 2012.

Massachusetts also allows military and overseas voters to vote absentee in all elections by using the Federal Write-In Absentee Ballot (FWAB). The FWAB can be used to vote anytime before an election even if the voter did not apply for an absentee ballot. After voting the FWAB, the voter may submit it by mail or electronically. For more information on absentee voting for members of the military and overseas voters, please see www.sec.state.ma.us/ele/elemil/milidx.htm.

How to Register to Vote...

Who may register?

Only a person who is:

a U.S. citizen, and

a resident of Massachusetts, and

18 years old on or before election day, and

not currently incarcerated for a felony conviction.

When can I register to vote?

There is no waiting period to be eligible to register to vote.

As soon as you consider your address your “home,” you may register to vote from that address. Please note that anytime you move, you must re-register. If you move, you may register to vote as soon as you move into your new home.

Page 66

The deadline to register to vote for the November 6th State Election is October 17th. Any mail-in voter registration form must be postmarked by October 17, 2012 to be eligible to vote in the November 6, 2012 State Election.

How can I register to vote?

In Person: Go to any registration location, such as your city or town hall, and complete an affidavit of registration. Upon completion of the form, you will be provided with a receipt which is proof of your registration. You should keep that receipt until you receive an acknowledgement notice in the mail, which should arrive within 2 to 3 weeks.

By Mail: Mail-in registration forms are widely available. A mail-in registration form is enclosed with this booklet. To obtain additional mail-in registration forms please visit our website at www.sec.state.ma.us/ele to download a form or call 617-727-2828 or 1-800-462-VOTE (8683) and a form will be sent to you. Mail the completed form to your local city or town hall. You should receive an acknowledgment notice in 2 to 3 weeks. If you do not, please contact your local election office to verify your voting status.

At the Registry of Motor Vehicles: While applying for or renewing a driver's license at the RMV, you can complete a voter registration application. Check your motor voter receipt before you leave—it will indicate whether you registered to vote or not. Keep your motor voter receipt until you receive

confirmation from your local election official. If you do not receive any confirmation, please contact your local election office to verify your voting status.

What must I do if I've changed my address since I registered?

If you have moved, you must register again. You may register to vote as soon as you move into your new home.

Do I need to attach identification to my voter registration form?

Yes, if you are registering to vote for the first time in Massachusetts. The Help America Vote Act of 2002 passed by Congress requires that if you registered to vote by mail on or after January 1, 2003, you will be required to show identification when you vote for the first time in a federal election since registering by mail in 2003, or you can send in a copy of your identification with your voter registration form.

Acceptable identification must include your name and the address at which you are registered to vote, for example: a current and valid driver's license, photo identification, current utility bill, bank statement, paycheck, government check, or other government document showing your name and the address at which you are registered to vote. If you send in a copy of your identification with your mail-in voter registration form, it may not be returned to you.

What should I do if I registered to vote and I have not heard from my local election official?

If you have NOT received confirmation of your voter status from your city or town election official within 2 or 3 weeks from the date you registered, please contact your local election office to verify your voting status.

Voting...

Where do I vote?

Polling places are located in each precinct in your city or town. Call your local election official or the Elections Division at 1-800-462-VOTE (8683) or 617-727-2828 to find out where your polling place is located. You can also visit the Elections Division website at www.wheredoivotema.com to look up your polling place and view a sample ballot.

All polling places are required by federal and state law to be accessible to elderly and disabled voters.

How long are the polls open?

The polls must be open from 7:00 a.m. to 8:00 p.m. for State Elections. Some municipalities may open their polls as early as 5:45 a.m. Please call your city or town clerk to verify your polling hours.

How do I find out what offices and candidates are on my ballot?

Sample ballots as well as instruction cards are posted at the polls on election day. Also, you can view a sample ballot at my website: www.wheredoivotema.com.

I registered to vote, but my name is not on the voting list—what do I do?

If you registered to vote, but your name is not on the voting list, ask the election officer in charge of the polling place to check your registration by looking at the inactive voter's list and by checking to see if you may be registered in another precinct in that municipality.

If they still cannot find your name, you may go to city or town hall to attempt to establish your identity as a registered voter or you may cast a provisional ballot at the polling place.

To cast a provisional ballot, you must execute a provisional ballot affirmation before a precinct officer at the polling place declaring that you are a registered voter in the city or town and reside within the geographical boundaries of said precinct. You must also show suitable identification.

After the election, the local election official will search for records to confirm your voter registration. If your eligibility is confirmed, your ballot will be counted. If your eligibility cannot be confirmed, your ballot will remain sealed in an envelope until such time as it is required to be kept and then will be destroyed without being viewed.

What is the voting process?

In Massachusetts, every voter casts a paper ballot. Upon entering the polling place, each voter must give their address and name so the poll worker can check it off the list before giving you a ballot. Once you get your ballot, you go to a booth where you mark your choices for the candidates for offices and ballot questions. After marking your ballot, you must check-out by providing your address and name again before depositing your ballot into either the ballot box or tabulator.

What if I need assistance?

If you need assistance because of vision impairment, disability, inability to read or to read English, you may seek help from either a person of your choice or from election officials.

You may also ask the election officials to use the AutoMARK Voter Assist Terminal, which is an accessible ballot marking device, to mark your ballot. As part of the Help America Vote Act of 2002 (HAVA), there will be at least one AutoMARK Voter Assist Terminal at each polling location. The AutoMARK allows a voter to mark their ballot privately and independently. After inserting the ballot into the AutoMARK, the voter can review the ballot and make selections by using the touch screen and/or the keypad while listening to the ballot over a set of headphones. After making all

of the choices on the ballot, the AutoMARK will mark the ballot in accordance with the voter's choices by filling in the corresponding ovals or connecting the arrows on the ballot. The ballot will then be returned to the voter for deposit into the ballot box.

What if I make a mistake on my ballot?

If you make a mistake on your ballot, you may request a new one. You may request up to two new ballots.

Can I bring materials into the polling place?

Yes, you may bring materials into the voting booth. You can bring preprinted brochures or pamphlets, or your own notes, but you cannot display such materials while in the polling location. Also, you must take any materials with you when you leave the voting booth.

Voting by Absentee Ballot...

You may vote by absentee ballot if you:

- will be absent from your city or town on election day; or
- have a disability that prevents your voting at the polling place; or
- cannot vote at the polls due to religious beliefs.

Applying for an absentee ballot...

All applications for absentee ballots must be made in writing.

Page 72

You must apply for an absentee ballot from your city or town clerk or election commission no later than noon on the day before the election. Applications may be mailed or hand delivered and you may use any form of written communication (letter or postcard) or the official application form. A family member may apply in the same manner for you. Include on the application:

- your name and address as registered,
- ward and precinct, if you know them,
- the precise address where the ballot should be sent,
- your own signature.

A ballot will be sent to any address you specify – including your own home. Be sure to apply early.

Requesting to vote in person...

If you meet the qualifications to vote absentee, but do not want to have a ballot mailed to you, you may request to vote in person before election day. You may vote at your city or town hall before election day at a time arranged with the clerk, but the application for your ballot must be made no later than noon on the day before the election. Call the clerk's office to make certain that the absentee ballots are available.

Voting by absentee ballot. . .

The ballot will come with instructions and a set of return envelopes. After making your choices on the ballot, you must enclose it in the inner (smaller) brown envelope and complete the information on the front of that envelope and sign it. Then you put the smaller envelope in the bigger envelope, place proper postage on it and mail it back to your city or town hall. To be counted, a completed ballot must be received by the time the polls close on election day.

If you are not able to write, the person assisting you must sign your name as well as their name, address and telephone number.

What if I am permanently disabled?

If you are permanently disabled and cannot cast your vote at the polling place, you may file a letter from your physician with your city or town clerk, stating that you are permanently unable to cast your vote at the polling place because of disability. A completed application for an absentee ballot for you to sign and return will be mailed to you by the city or town clerk.

If you have been the victim of investment fraud, Secretary Galvin's office might be able to help!

Secretary Galvin's office has responsibility for regulation and enforcement of laws relating to risk investments of all kinds that are offered for sale in Massachusetts.

Secretary Galvin's office has been successful in securing the return of millions of dollars directly back to defrauded investors.

These are some examples of situations where we were able to help:

- An unscrupulous representative of a large Broker-Dealer got the list of a group of employees retiring from a local company. He was able to lure most of them into investments that were unsuitable for them. Their retirement assets were now at risk. They contacted Secretary Galvin's office and we were able to get their money back.
- An elderly investor was given assurances that the purchase of an investment instrument was completely secure when in fact it was anything but secure. His entire life savings were at risk. He contacted Secretary Galvin's office and we investigated and he got his money back.

- A group of citizens were lured into an investment scheme with the promises of big returns. The returns were so large that they sounded too good to be true. In fact it was too good to be true and was a Ponzi scheme. Secretary Galvin's office was able to recover some of the assets before they were all dissipated.
- A local investment advisor was urging investors to purchase investments not approved by his employer and outside the scope of acceptable products. The investors came to Secretary Galvin's office and we were able to get their investment back.
- Several senior citizens went to see a registered representative who held himself out as a "senior specialist" who had special training to be able to understand what seniors needed to protect themselves during their retirement years. Instead they found themselves in unsuitable annuities with long surrender periods and high withdrawal penalties. They contacted Secretary Galvin's office and they got their money back.

If these stories sound similar to your situation, we might be able to help. You can reach us toll-free at 1-800-269-5428.

Services of the Secretary of the Commonwealth of Massachusetts

- **Citizen Information Service** functions as the primary information and referral agency for the state, offering information on state programs and agencies. CIS attempts to answer all requests, by providing either direct assistance or an immediate referral to the appropriate agency. As part of its goal to make state government more accessible to the public, CIS has established a publication series on specific topics of interest, including:

- The Citizens' Guide to State Services: A Selective Listing of Government Agencies and Programs, with addresses, phone numbers and agency descriptions. Price: \$23.50 (\$18 plus \$5.50 shipping cost). Free online at www.sec.state.ma.us/cis/ciscig/guide.html. Available from the State House Bookstore, see below.
- Welcome to Massachusetts: A Practical Guide to Living in the State, free.
- Automobile Excise Tax, free.
- Property Tax Exemptions for Elders, Surviving Spouses and Minors, free.
- Safe and Sanitary Housing for Massachusetts Residents, free.
- Veterans Laws and Benefits Guide, free.

- Massachusetts Facts: A Review of the History, Government and Symbols of the State, for junior high to high school age students, free.

Citizen Information Service can be contacted at 617-727-7030 or 1-800-392-6090 (toll-free in Massachusetts only), website: www.sec.state.ma.us/cis, where many of the above documents are available for viewing.

Email: cis@sec.state.ma.us

- **The Elections Division** administers all state elections, provides information on voting, and supplies election materials to the public, candidates and government officials. 617-727-2828 or 1-800-462-VOTE (8683), website: www.sec.state.ma.us/ele
Email: elections@sec.state.ma.us
- **The Securities Division** endeavors to protect Massachusetts investors by licensing the sale of securities, requiring that high-risk securities be registered, investigating complaints, and taking appropriate enforcement and disciplinary actions. 617-727-3548 or 1-800-269-5428 (within Massachusetts), website: www.sec.state.ma.us/sct Email: securities@sec.state.ma.us
- **The Public Records Division** maintains, preserves and makes accessible government records, enforces lobbyist and disclosure laws and records all gubernatorial appointments and commissions. 617-727-2832, website: www.sec.state.ma.us/pre Email: pre@sec.state.ma.us

Page 78

- **Real Estate Records.** Foreclosure and Homestead Information - Massachusetts is divided into 21 registry districts with an elected Register of Deeds responsible for each office. Documents related to the ownership of real estate within the district are recorded at the Registry of Deeds. Website: www.masslandrecords.com
- **The Massachusetts Archives** collects, catalogs, and preserves records of enduring value from nearly 375 years of state government. It serves as a vital resource to scholars, genealogists, and students and as an advisor to the historical records community in Massachusetts. 617-727-2816, website: www.sec.state.ma.us/arc
Email: archives@sec.state.ma.us
- **The Commonwealth Museum** brings Massachusetts history alive through exhibits, outreach and student programs and publications. 617-727-9268, website: www.sec.state.ma.us/mus/museum
- **The Massachusetts Historical Commission** is the state agency responsible for historical preservation in the Commonwealth. It offers assistance to communities in listing properties with the National Register of Historic Places and establishing local historic districts. 617-727-8470, website: www.sec.state.ma.us/mhc
Email: mhc@sec.state.ma.us
- **The State Bookstore** offers a wide range of books and pamphlets published by the Secretary of the

Commonwealth and other state agencies, including the Code of Massachusetts Regulations. A free Bookstore Catalog is available. 617-727-2834, website: www.sec.state.ma.us/spr Email: bookstore@sec.state.ma.us

- **The Regional Offices** in Springfield and Fall River offer many of the services provided by the Boston office and bring state government closer to the citizens of Massachusetts. Springfield 413-784-1376, Fall River 508-646-1374, website: www.sec.state.ma.us/wso
- **The Corporations Division** is responsible for registering all Massachusetts profit and nonprofit corporations and providing immediate summary information about more than 250,000 corporations doing business in the state. 617-727-2850 or 617-727-9640, website: www.sec.state.ma.us/cor Email: corpinfo@sec.state.ma.us

Other divisions include:

- **State Records Center:** website: www.sec.state.ma.us/rec
- **State Publications and Regulations:** website: www.sec.state.ma.us/spr
- **State House Tours:** website: www.sec.state.ma.us/trs

Massachusetts Voters' Bill of Rights

Your voting rights are protected. These rights are guaranteed to qualified registered voters.

1. You have the right to vote if you are a qualified registered voter.
2. You have the right to cast your ballot in a manner that ensures privacy. You have the right to vote without any person trying to influence your vote and to vote in a booth that prevents others from watching you mark your ballot.
3. You have the right to remain in the voting booth for five (5) minutes if there are other voters waiting and for ten (10) minutes if there are no other voters waiting.
4. You have the right to receive up to two (2) replacement ballots if you make a mistake and spoil your ballot.
5. You have the right to request assistance when voting from anyone of your choice. If you do not bring someone with you, you have the right to have two (2) poll workers assist you.
6. You have the right to vote if you are disabled. The polling place must be accessible, and there must be an accessible voting booth.

7. You have the right to vote if you cannot read or write or cannot read or write English.
8. You have the right to vote but must show identification if: you are a first-time voter who registered to vote by mail and did not submit identification with the voter registration form; or your name is on the inactive voter list; or your vote is being challenged; or if requested by a poll worker. Acceptable forms of identification are: Massachusetts driver's license, other printed documentation containing your name and address such as a recent utility bill, rent receipt on landlord's letterhead, lease, or a copy of a voter registration acknowledgment or receipt.
9. You have the right to vote by absentee ballot if: you will be absent from your city or town on Election Day; or if you have a physical disability that prevents your voting at the polling place; or if you cannot vote at the polls due to religious belief.
10. You have the right to cast a provisional ballot if you believe you are a qualified registered voter but a poll worker tells you that you are ineligible to vote.
11. You have the right to follow up any challenge to your right to vote through the complaint process.
12. You have the right to vote if you are not currently

incarcerated for a felony conviction and have registered as a voter after your release.

13. You have the right to take this Voters' Bill of Rights or any other papers, including a sample ballot, voter guide or campaign material into the voting booth with you. Please remember to remove all papers when you leave the booth.
14. You have the right to vote at your polling place any time between 7am and 8pm for state and federal elections—hours may vary for local elections. If you are in line at your polling place when the polls close at 8 pm, you have the right to vote.
15. You have the right to bring your children into the voting booth with you.

If you feel that your right to vote has been violated in any way, call the Secretary of the Commonwealth's Elections Division at 1-800-462-VOTE (8683). This call is free within Massachusetts.

Know the issues.

You may be asked to show ID.

DON'T FORGET TO VOTE!

Voter Checklist

Tear out and take to the polls.

Ballot Questions

- Question 1 Yes No
- Question 2 Yes No
- Question 3 Yes No

Ballot Offices

Offices on the ballot in 2010 appear in the following order:

Electors of President and Vice President _____

Senator in Congress _____

Representative in Congress _____

Councillor _____

Senator in General Court _____

Representative in Congress _____

Clerk of Courts _____

Register of Deeds _____

County Commissioner
(Barnstable, Bristol, Dukes, Norfolk, Plymouth),
or Franklin Council of Governments _____

Sheriff
(Middlesex county only) _____

Register of Probate
(Hampshire and Suffolk counties only) _____



Massachusetts Commission for the Blind
600 Washington St.
Boston, MA 02111

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OFFICIAL DOCUMENT

Postal Customer VOTERS

 **Printed on recycled paper**

Information for Voters

is sent to voters by mail to residential addresses, to voters residing in group quarters and to convenient public locations throughout the Commonwealth. Limited additional copies may be obtained at local city and town halls and some libraries, or by calling Secretary Galvin's Elections Division at 617-727-2828 or 1-800-462-VOTE; or Citizen Information Service at 617-727-7030 in the Boston area or 1-800-392-6090.

TTY users call 617-878-3889. Be sure to visit our website at www.sec.state.ma.us. The Spanish edition of Information for Voters and a large print edition for the visually impaired are also available at the same phone numbers. A braille and an audio edition is also available from the Braille and Talking Book Library in Watertown at 1-800-852-3133.