

RECALL PETITION

_____ County

Office use only	20-001
Petition Number: _____	Date of Issuance: <u>June 22, 2020</u>
Date of Issuance: _____	Date Petition Returned: _____

TO: Georgia Secretary of State

We, the electors registered to vote in the recall election herein petitioned, demand the recall off:

George E. Barnhill, Sr., District Attorney Waycross Judicial Circuit

(Name and Office)

on the grounds that said official has, while holding public office, conducted himself or herself in a manner which relates to and adversely affects the administration of his or her office and adversely affects the rights and interest of the public. The specific statutory ground or grounds for recall is/are that the above-named official (Mark each ground that is applicable):

- Has committed an act or acts of malfeasance while in office;
- Has violated his or her oath of office;
- Has committed an act of misconduct in office;
 - Is guilty of a failure to perform duties prescribed by law; or
 - Has willfully misused, converted, or misappropriated, without authority, public property or public funds entrusted to or associated with the elective office to which the official has been elected or appointed.

The facts upon which this recall is based are as follows (Give brief statement of fact or facts supporting rounds for recall):

After recusing himself from the case of Ahmaud Arbery, Mr. Barnhill violated his oath of office and committed acts of malfeasance and misconduct by providing advice to law enforcement or other prosecutors as to whether there was probable cause for an arrest and gave a lengthy analysis of the facts and the law that may prejudice a case in the court of law.

Each elector signing this petition must read or be read the following statements:

- (1) Any person who gives or receives money or any other thing of value for signing a recall petition or for signing an affidavit of signature withdrawal shall be guilty of a misdemeanor;
- (2) If 21,998 electors sign this petition, there will be an election at which a majority of the electors voting therein will determine whether the above-named official will be removed from office.

Signature of Electors

1	Signature	Date Signed	Residence Address (Number and street or route)	County of Residence
	Printed Name		City	
2	Signature	Date Signed	Residence Address (Number and street or route)	County of Residence
	Printed Name		City	
3	Signature	Date Signed	Residence Address (Number and street or route)	County of Residence
	Printed Name		City	
4	Signature	Date Signed	Residence Address (Number and street or route)	County of Residence
	Printed Name		City	
5	Signature	Date Signed	Residence Address (Number and street or route)	County of Residence
	Printed Name		City	
6	Signature	Date Signed	Residence Address (Number and street or route)	County of Residence
	Printed Name		City	
7	Signature	Date Signed	Residence Address (Number and street or route)	County of Residence
	Printed Name		City	
8	Signature	Date Signed	Residence Address (Number and street or route)	County of Residence
	Printed Name		City	
9	Signature	Date Signed	Residence Address (Number and street or route)	County of Residence
	Printed Name		City	
10	Signature	Date Signed	Residence Address (Number and street or route)	County of Residence
	Printed Name		City	

Only electors of the county designated at the top of the petition may sign this sheet. O.C.G.A. Section 21-4-8

AFFIDAVIT OF CIRCULATOR

State of Georgia

County of _____

Under the penalty of a violation of Code Section 16-10-71 of the Official Code of Georgia Annotated, relating to false swearing, punishable by a fine not to exceed \$1,000.00 or by imprisonment of not less than one nor more than five years, or both, I do depose and say that each petitioner signed or caused to be signed the foregoing petition in my presence on the date indicated; and I believe that each signer's name and residence are correctly stated, and that each signer is an elector of the electoral district in which such recall election shall be conducted, and that each signer has read, or was read, the required statements which are also set out on each petition.

Signature of Affiant (Circulator)

Printed Name

Residence Address (Number and Street or Route)

City

State

Subscribed and sworn to before me this

_____ day of _____

20_____.

Notary Public

_____, Georgia

My commission expires on the _____

day of _____, 20 _____