

RECORDED IN
 MARICOPA COUNTY

APPLICATION FOR RECALL PETITION SERIAL NUMBER: 01

The undersigned intends to circulate and file a recall petition demanding the recall of Governing Board Member:
Christine A.K. Pritchard of Dysart Unified School District #89
 (Governing Board Member Name) (School District Name and Number)

The grounds of the recall are as follows: (state in not more than 200 words the grounds of the demand)

Dysart community members are petitioning to recall Ms. Pritchard on the basis of malfeasance. Voter trust has been violated by Ms. Pritchard's failure to adhere to the provisions of the Dysart Override. Teachers and staff are leaving in droves, class sizes have skyrocketed, academic focus has dwindled due to her focus on a personal agenda instead of student success. She voted to raise the cost of staff benefits causing undue harm to faculty and staff; forcing them to choose between their family and their work. She repeatedly violates open meeting laws meeting with a quorum of fellow board members on a regular basis to discuss board decisions. She is failing in her fiscal responsibility to the district by launching a campaign to buy out our superintendent's contract early and launching a nationwide effort to find a new superintendent. This will cost hundreds of thousands of dollars; dollars better spent in our classrooms in adherence to what the voters expected when they voted YES for Dysart's override. Her actions have violated the public's trust by failing to adhere to the provisions of the Dysart Override and her removal is in the best interests of the Dysart Unified School District community.

I hereby make application for the issuance of an official serial number. I understand serial number must be affixed to the lower right-hand corner on each side of each petition sheet.

Mary Kathleen Honne
 Signature of Applicant

 Name of Organization (if any)

Mary Kathleen Honne
 Printed Name of Applicant

 Organization Address

16003 W Christy Dr
 Applicant Address

 Organization City State Zip

Surprise AZ 85379
 Applicant City State Zip

 Organization Phone Number

623-695-9512
 Applicant Phone Number

 Organization Officer Name and Title

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|----------------------------|--------------------|
| Date of Application | <u>5/5/2022</u> |
| Signatures Required | <u>13,723</u> |
| Deadline for Filing | <u>9/2/2022</u> |
| Serial Number | <u>2022-89-002</u> |
| OFFICE USE ONLY | |

 Organization Officer Address

 Organization Officer Name and Title

 Organization Officer Phone Number