

State of Nevada

RECALL PETITION

Signatures of registered voters seeking the recall of Angela D. Taylor – Washoe County School District Trustee District E
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Recall of Trustee Angela D. Taylor is demanded based on, including, but not limited to, the following:

- Repeated child abuse of a disabled student that took place over a 6-month period resulting in a disclosed \$4,400,000.00 settlement for the victim;
- The Professional Equity Lens and Critical Race Theory (“CRT”);
- The handling of the Covid-19 pandemic and relief funding;
- Removal of the first public comment, future agenda items, and approval of agenda items;
- Quality of education of WCSD students, including student proficiency in English, Math, Science, and preparing WCSD students for higher education;
- Decrease in ACT and SAT scores in WCSD and failure to address the quality of education of WCSD students;
- Prior knowledge of former-Trustee Jackie Calvert living outside of her district and tax-payer funds used during investigation;
- Actions resulting in a lawsuit filed in the Second Judicial District Court of the State of Nevada in and for the County of Washoe, entitled *Fiannaca v. Washoe County School District*, Case No. CV21-02232;
- WCSD meeting rooms and venues;
- Misuse of tax payer funds to attempt to censure Trustee Jeffrey Church;
- Requiring WCSD students to declare a gender pronoun; and
- Encouraging teachers to not inform parents of information students tell them.

Minimum number of signatures necessary: 11,702
County of Washoe

Date notice of intent was filed: February 11, 2022
(**Only** registered voters of this County/City may sign below.)

This space for
Office use only

RECALL PETITION

County of Washoe

Signatures of registered voters seeking the recall of Angela Taylor

#	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		Official use only:
	YOUR SIGNATURE: / /	DATE: / /	CITY: COUNTY:	
#	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		Official use only:
	YOUR SIGNATURE: / /	DATE: / /	CITY: COUNTY:	
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	YOUR SIGNATURE: / /	DATE: / /	CITY: COUNTY:	
#	PRINT YOUR NAME (last name, first name, initial)	RESIDENCE ADDRESS ONLY:		Official use only:
	YOUR SIGNATURE: / /	DATE: / /	CITY: COUNTY:	

AFFIDAVIT OF CIRCULATOR

(To be completed by the person who circulated the petition after all signatures have been obtained)

STATE OF NEVADA)
)
COUNTY OF _____)

I, _____, (print name), being duly sworn under penalty of perjury, depose and say: (1) that I reside at _____
(print street, city and state); (2) that I am 18 years of age or older; (3) that I personally circulated this document; (4) that all signatures were affixed in my presence; (5) that I believe each person who signed was at the time of signing a registered voter in the county of his or her residence; and (6) that the number of signatures affixed thereon is _____.

Signature of Circulator

Subscribed and sworn to or affirmed before me this _____ day
of _____, _____, by _____.

Notary Public or person authorized to administer an oath

NRS 306.030
EL505 (rev. 12/2017)