MUNICIPAL RECALL PETITION OF LISSETTE CAREY, CITY COMMISSIONER DISTRICT IV, KEY WEST - Filed pursuant to Florida Statutes 100.361 and City Charter 6.06

- All information on this form, including your signature, becomes a public record upon receipt by the Supervisor of Elections.
- Electors of the district making charges contained in the statement of grounds for recall, as well as those signing the recall petition, shall be designated as the recall committee seeking recall of the elected official. Aaron Strebeck shall be designated as chair of the committee, and shall act for the committee.
- If all requested information on this form is not completed, the form will not be valid.
- Only registered voters of District IV, City of Key West, are eligible to sign this petition.

Lissette Carey should be recalled from the office of District IV City Commissioner for committing **misfeasance, malfeasance, incompetence, and neglect of duty as a commissioner**.

Lissette Carey's **persistent failures in judgment and responsibility**, documented by the final report of the Monroe County Grand Jury, are clear grounds for recall. Jurors reviewed evidence from the State Attorney's Office and the FBI and heard firsthand witness testimony. We agree with the jurors that Carey's actions and inactions evidence **incompetence and neglect of her duties, poor decision-making, and inability to serve as Commissioner**. We also agree Carey lacks the convictions needed to fulfill her official duties. The Grand Jury recommended Carey resign in the interest of the integrity and betterment of the City. Carey has not challenged the Grand Jury's findings, but has refused to resign. In her official capacity as Commissioner, **Carey has distorted facts, misinformed the public, and insulted key community partners,** damaging the City's ability to serve its citizens.

The public trust is further damaged with each day Carey remains in office.

We, Carey's constituents in District IV, find she wrongfully exercises the power of her office. These transgressions establish grounds for Carey to be **RECALLED** from office.

Voter Information:

Your name PRINT: _____

Address PRINT: _____

City: **Key West** State: **Florida** County: **Monroe** Key West Zip Code: _____

Voter Registration No: _____ OR Date of Birth: ____ / ____ / _____

Your signature: _____ Date: _____

OATH OF WITNESS CIRCULATOR

I, *(print name)* _____ address _____ hereby swear and affirm that I personally witnessed the signature on the forgoing petition on the date it was signed and that each signature is the genuine signature of the person, and that the signer had an opportunity to read the full text of this proposed recall petition and any defense (if filed). Under oath, I hereby swear and certify the truthfulness, and the correctness of this statement as set forth herein under penalty of perjury under the laws of the State of Florida on this date _____, 2025.

FURTHER AFFIANT CIRCULATOR SAYETH NAUGHT

_____ Signature of Circulator

_____ Print Name of Circulator

STATE OF FLORIDA – MONROE COUNTY – CITY OF KEY WEST