

PETITION FOR
 INITIATIVE MEASURE:

PETITION FOR INITIATIVE MEASURE No. 81

We, the undersigned, being qualified registered voters in the District of Columbia, request that the District of Columbia Board of Elections hold an election, as prescribed by law, on Initiative Measure No.81, "Entheogenic Plant and Fungus Policy Act of 2020", the Summary Statement for which appears below:

INITIATIVE MEASURE No. 81
SHORT TITLE
"Entheogenic Plant and Fungus Policy Act of 2020"
SUMMARY STATEMENT

If enacted, this Initiative would:

- Make the investigation and arrest of adults for non-commercial planting, cultivating, purchasing, transporting, distributing, possessing, and/or engaging in practices with entheogenic plants and fungi among the Metropolitan Police Department's lowest law enforcement priorities;
- Codify that the people of the District of Columbia call upon the Attorney General for the District of Columbia and the United States Attorney for the District of Columbia to cease prosecution of residents of the District of Columbia for these activities.

WARNING: ONLY DULY REGISTERED ELECTORS OF THE DISTRICT OF COLUMBIA MAY SIGN THIS PETITION.

EVERYONE WHO SIGNS THIS PETITION MUST SIGN THEIR OWN NAME. UNDER NO CIRCUMSTANCES IS ANY PERSON PERMITTED TO SIGN ANOTHER PERSON'S NAME. AFTER SIGNING, PRINT YOUR FULL NAME (AS IT APPEARS ON YOUR VOTER REGISTRATION RECORD), YOUR RESIDENCE ADDRESS, THE DATE OF SIGNING, AND YOUR WARD IN THE SPACES PROVIDED.

SIGNATURE AND ADDRESS OF PETITIONER		PRINTED NAME OF PETITIONER	DATE SIGNED	WARD
1	SIGNATURE	PRINTED NAME OF SIGNER		
	ADDRESS			
2	SIGNATURE	PRINTED NAME OF SIGNER		
	ADDRESS			
3	SIGNATURE	PRINTED NAME OF SIGNER		
	ADDRESS			
4	SIGNATURE	PRINTED NAME OF SIGNER		
	ADDRESS			
5	SIGNATURE	PRINTED NAME OF SIGNER		
	ADDRESS			

NOTICE TO CIRCULATORS

THE SIGNER'S PRINTED NAME, CURRENT ADDRESS, AND THE DATE SIGNED MUST APPEAR IN THE SPACES PROVIDED TO ASSURE THAT THE SIGNATURE WILL BE COUNTED. IF NOT ENTERED BY THE SIGNER, THIS INFORMATION MAY BE ENTERED BY THE CIRCULATOR.

ANY CIRCULATOR WHO WILLFULLY VIOLATES ANY PROVISION OF D.C. OFFICIAL CODE 1-1001.16 SHALL, UPON CONVICTION THEREOF, BE FINED UP TO \$10,000 AND/OR IMPRISONED FOR UP TO ONE (1) YEAR. ANY CIRCULATOR WHO SIGNS THE AFFIDAVIT BELOW KNOWING THAT THE FACTS STATED THEREIN ARE NOT TRUE SHALL, UPON CONVICTION FOR MAKING A FALSE STATEMENT, BE FINED UP TO \$1,000 AND/OR IMPRISONED FOR UP TO 180 DAYS. CIRCULATOR'S AFFIDAVIT OF CERTIFICATION

I, _____
 (Printed Name of Circulator)

 Circulator's Residence Address (including Zip Code), and Telephone Number (optional)

swear or affirm, under penalty of perjury that: (1) I am at least 18 years of age; (2) I am either a resident of the District of Columbia or a resident of another jurisdiction who registered as a petition circulator with the Board prior to the circulation of this petition sheet; (3) I was in the presence of each person who signed this petition sheet at the time the petition sheet was signed; (4) According to the best information available to me, each signature on this petition sheet is the genuine signature of the person whose name it purports to be; and (5) the signatures on this petition were obtained between _____ and _____.

 Date

 Signature of Circulator

Instructions

Help Put Initiative 81 on the Ballot

Questions? Visit www.DecrimNatureDC.org/petition or call 202-733-4640

Sheet of
 PETITION FOR
 INITIATIVE MEASURE:

Please Leave Sheet
 Numbering Blank

Excerpts of Sample Petition

Please use a BLACK
 or BLUE pen only.

STEP 1

Ask all DC voters
 in your household
 to sign enclosed
 petition.

- A** Sign your name as it appears on your DC ID.
- B** Enter your address as it appears on your DC ID:
 - 1) Remember to include Quadrant: NW, SW, SE, SW.
 - 2) Only Street Name, Street Number, Quadrant, and Apt # are needed.
 - 3) Do not write Washington, DC or Zip Code in this box.
- C** Enter your Legal name.
- D** Enter today's date.
- E** Enter the Ward you live in if you know it. We can enter this for you if you are unsure.

STEP 2

You must complete
 the circulator area at
 the bottom of the
 petition even if you
 are the only signer
 on this sheet.

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	SIGNATURE AND ADDRESS OF PETITIONER	PRINTED NAME OF PETITIONER	DATE SIGNED	WARD
1	SIGNATURE <i>John Voter</i> ADDRESS 2448 Massachusetts Ave. NW	PRINTED NAME OF SIGNER John Voter	6/3/2020	2
2	SIGNATURE <i>Jazmin Votante</i> ADDRESS 1350 Pennsylvania Ave. NW, Suite 500	PRINTED NAME OF SIGNER Jazmin Votante	6/5/2020	2
A 3	SIGNATURE Signature Here	PRINTED NAME OF SIGNER C	D	E
B 4	ADDRESS Print DC Address Clearly	First and Last Legal Name	Date	Ward
5	SIGNATURE ADDRESS Make sure each letter is legible	PRINTED NAME OF SIGNER Make sure each letter is legible		

The Summary Statement of Initiative 81 is on the front page of the petition. To read the full text of the ballot initiative in full go to www.DecrimNatureDC.org/ballot-initiative

Date of the First Signature on Petition.

Date of the Last Signature on Petition.

NOTE: If all rows on this petition were signed on the same day or if there is only one signature, then both dates will be the same.

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I, John Voter (Printed Name of Circulator) **Your First and Last Name**
 2448 Massachusetts Ave. NW, Washington, DC 20008 (202) 733-4640
 Circulator's Residence Address (including Zip Code), and Telephone Number (optional)

Your Full Address, including Zip Code **Phone Number (optional but helpful)**

swear or affirm, under penalty of perjury that: (1) I am at least 18 years of age; (2) I am either a resident of the District of Columbia or a resident of another jurisdiction who registered as a petition circulator with the Board prior to the circulation of this petition sheet; (3) I was in the presence of each person who signed this petition sheet at the time the petition sheet was signed; (4) According to the best information available to me, each signature on this petition sheet is the genuine signature of the person whose name it purports to be; and (5) the signatures on this petition were obtained between 6/3/2020 and 6/5/2020

6/5/2020 Date when signed → John Voter Your Signature Here
 Date Signature of Circulator

IMPORTANT: you must personally witness every signature on this petition!

Please use the enclosed envelope to mail your petition back to us immediately. No stamp needed!

OR

Scan or take a high quality photo with your phone and email to: submit@decrimnaturedc.org

We need this petition back as soon as possible.
 Thank you for making history with us.

 **DECRIMNATUREDC.ORG**

Paid for by the Campaign to Decriminalize Nature DC, Adam Eiding, Treasurer. 2448 Massachusetts Ave. NW, Washington, DC 20008
 A copy of our report is filed with the Director of Campaign Finance of the District of Columbia Board of Elections