

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.

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

SAMPLE

**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