



## **PSILOCYBIN DECRIMINALIZATION INITIATIVE**

Ballot Title:

Shall the voters for the City and County of Denver adopt an ordinance that will decriminalize the use, possession, transportation, cultivation, and transfer of mushrooms that produce psilocybin, psilocin, baeocystin, and/or nor-baeocystin and all derivatives thereof?

### **City and County of Denver Psilocybin Decriminalization Initiative**

**Text of Proposed Ordinance:**

*Be it enacted by the City and County of Denver:*

**Section 1:** The Denver, Colorado Code of Ordinances, Title II, Chapter 38, Article V, Section 38-180 is hereby amended to read:

#### **Sec. 38-180. Psilocybin decriminalization.**

- (a) The intent of this ordinance is such that the enforcement of prohibitions against containers of psilocybin, psilocin, baeocystin, nor-baeocystin, and all analogs thereof shall be the lowest arrest priority.
- (b) No penalty in excess of a citation shall be given to a person using, in the possession of, transporting, cultivating, and/or transferring these containers, or mushrooms, as long as they fulfill the following conditions.
- (1) A person may use, possess, transport, or transfer up to two (2) US ounces of cured or dried mushrooms, derivatives, and analogs.
  - (2) Clearly demonstrated intent to cultivate mushrooms, such as possession of any and all grow equipment used to produce and/or dry mushrooms, shall increase the allowable weight limit to two (2) US pounds of uncured or wet mushrooms, or containers of psilocybin, psilocin, baeocystin, nor-baeocystin and/or all analogs thereof, excluding the weight of the equipment used to grow and/or dry.
- (c) Any infractions of Federal Law or State Statute within these guidelines is punishable within the City and County of Denver by a scaling citation schedule with the first offense citation under \$99 and increasing no more than \$100 for each subsequent violation, limited in severity to no more than \$999 per citation.
- (d) There shall be nothing in this ordinance to alter penalties for armed or aggravated crime or the sale of controlled substances.

## Instructions to Circulators

### Petition for Denver Initiated Ordinance

#### 1. How to Circulate a Petition

- A. An initiated ordinance petition may consist of multiple petition sections. There must only be one circulator for each petition section.
- B. Each petition section is bound in a blue manuscript cover and contains: A) an *Instructions to Circulators* page, B) an *Affidavit of Petitioners' Committee* containing ballot title and full text, C) several numbered *Signature Pages* that contain a Warning section at the top of each page, and D) an *Affidavit of Circulator* page.
- C. Read the Warning in this petition section to be aware of who may sign this petition and other legal restrictions on signers of this petition.
- D. A petition section may not be left unattended on a counter or desk for voters to sign

#### 2. Who May Sign a Petition

- A. Signers must be residents of the City and County of Denver and registered to vote in Denver.
- B. Circulators may not sign their own petition section. Notaries may not notarize a petition section they have signed.

#### 3. How to Sign a Petition. Signers Must:

- A. Print clearly.
- B. Use blue or black ink. Do not use ditto marks ("") to provide information on a signature line.
- C. Fill out every required field completely, date it and sign it in the presence of the circulator.
- D. Sign their own signature and print their own legal name in the same manner as the person is registered: last name, first name, and middle initial. (For example: Mary Doe, not Mrs. John Doe)
- E. Use the residence address where they reside and are registered to vote, including street name and street number, city and county. Post office boxes may not be used as a place of residence.
- F. Place their initials on all minor corrections. If a major correction is required, the signer should cross out the entire pair of lines containing the error and use the next pair of blank lines.
- G. Not sign for another signer. However, any person **except the circulator** may assist a signer who has limited literacy or is physically unable to write the required information on the petition. The signer must make his or her mark in the signature space and the person giving assistance must provide their signature and a statement that assistance was given. This statement must be provided on the petition immediately following the name of the elector who received assistance.

#### 4. What to Do After Petition Section is Completed

- A. Do not disassemble petition sections. If the original staples are removed, all names on the section are disqualified.
- B. A petition section does not have to be completely filled for the listed names to be valid.
- C. The *Affidavit of Circulator* must be properly signed and notarized. Do not sign or date your *Affidavit of Circulator* until in the presence of the notary.
- D. No additional signatures may be collected after the *Affidavit of Circulator* is notarized. Any subsequent signatures are invalid.
- E. All petition sections must be filed with the Elections Division at one time.

## Warning and Signature Page Petition for Denver Initiated Ordinance

**"WARNING:  
IT IS AGAINST THE LAW:**

For anyone to sign any initiative petition with any name other than his or her own or to knowingly sign his or her name more than once for the same measure or to knowingly sign a petition when not a registered elector who is eligible to vote on the measure.

**DO NOT SIGN THIS PETITION UNLESS YOU ARE A REGISTERED ELECTOR AND ELIGIBLE TO VOTE ON THIS MEASURE. TO BE A REGISTERED ELECTOR, YOU MUST BE A CITIZEN OF COLORADO AND REGISTERED TO VOTE IN THE CITY AND COUNTY OF DENVER:**

Do not sign this petition unless you have read or had read to you the proposed initiative in its entirety and understand its meaning."

**Ballot Title:** Shall the voters for the City and County of Denver adopt an ordinance that will decriminalize the use, possession, transportation, cultivation, and transfer of mushrooms that produce psilocybin, psilocin, baeocystin, and/or nor-baeocystin and all derivatives thereof?

<b>1.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>2.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>3.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>4.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>5.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>6.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>7.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>8.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>9.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>10.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	

## Warning and Signature Page

### Petition for Denver Initiated Ordinance

**“WARNING:  
IT IS AGAINST THE LAW:**

**For anyone to sign any initiative petition with any name other than his or her own or to knowingly sign his or her name more than once for the same measure or to knowingly sign a petition when not a registered elector who is eligible to vote on the measure.**

**DO NOT SIGN THIS PETITION UNLESS YOU ARE A REGISTERED ELECTOR AND ELIGIBLE TO VOTE ON THIS MEASURE. TO BE A REGISTERED ELECTOR, YOU MUST BE A CITIZEN OF COLORADO AND REGISTERED TO VOTE IN THE CITY AND COUNTY OF DENVER:**

**Do not sign this petition unless you have read or had read to you the proposed initiative in its entirety and understand its meaning.”**

**Ballot Title: Shall the voters for the City and County of Denver adopt an ordinance that will decriminalize the use, possession, transportation, cultivation, and transfer of mushrooms that produce psilocybin, psilocin, baeocystin, and/or nor-baeocystin and all derivatives thereof?**

<b>1.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>2.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>3.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>4.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>5.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>6.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>7.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>8.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>9.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>10.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	

## Warning and Signature Page

### Petition for Denver Initiated Ordinance

**“WARNING:  
IT IS AGAINST THE LAW:**

**For anyone to sign any initiative petition with any name other than his or her own or to knowingly sign his or her name more than once for the same measure or to knowingly sign a petition when not a registered elector who is eligible to vote on the measure.**

**DO NOT SIGN THIS PETITION UNLESS YOU ARE A REGISTERED ELECTOR AND ELIGIBLE TO VOTE ON THIS MEASURE. TO BE A REGISTERED ELECTOR, YOU MUST BE A CITIZEN OF COLORADO AND REGISTERED TO VOTE IN THE CITY AND COUNTY OF DENVER:**

**Do not sign this petition unless you have read or had read to you the proposed initiative in its entirety and understand its meaning.”**

**Ballot Title: Shall the voters for the City and County of Denver adopt an ordinance that will decriminalize the use, possession, transportation, cultivation, and transfer of mushrooms that produce psilocybin, psilocin, baeocystin, and/or nor-baeocystin and all derivatives thereof?**

<b>1.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>2.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>3.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>4.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>5.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>6.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>7.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>8.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>9.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>10.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	

## Warning and Signature Page

### Petition for Denver Initiated Ordinance

**“WARNING:  
IT IS AGAINST THE LAW:**

**For anyone to sign any initiative petition with any name other than his or her own or to knowingly sign his or her name more than once for the same measure or to knowingly sign a petition when not a registered elector who is eligible to vote on the measure.**

**DO NOT SIGN THIS PETITION UNLESS YOU ARE A REGISTERED ELECTOR AND ELIGIBLE TO VOTE ON THIS MEASURE. TO BE A REGISTERED ELECTOR, YOU MUST BE A CITIZEN OF COLORADO AND REGISTERED TO VOTE IN THE CITY AND COUNTY OF DENVER:**

**Do not sign this petition unless you have read or had read to you the proposed initiative in its entirety and understand its meaning.”**

**Ballot Title: Shall the voters for the City and County of Denver adopt an ordinance that will decriminalize the use, possession, transportation, cultivation, and transfer of mushrooms that produce psilocybin, psilocin, baeocystin, and/or nor-baeocystin and all derivatives thereof?**

<b>1.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>2.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>3.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>4.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>5.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>6.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>7.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>8.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>9.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>10.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	

## Warning and Signature Page

### Petition for Denver Initiated Ordinance

**“WARNING:  
IT IS AGAINST THE LAW:**

For anyone to sign any initiative petition with any name other than his or her own or to knowingly sign his or her name more than once for the same measure or to knowingly sign a petition when not a registered elector who is eligible to vote on the measure.

**DO NOT SIGN THIS PETITION UNLESS YOU ARE A REGISTERED ELECTOR AND ELIGIBLE TO VOTE ON THIS MEASURE. TO BE A REGISTERED ELECTOR, YOU MUST BE A CITIZEN OF COLORADO AND REGISTERED TO VOTE IN THE CITY AND COUNTY OF DENVER:**

Do not sign this petition unless you have read or had read to you the proposed initiative in its entirety and understand its meaning.”

**Ballot Title:** Shall the voters for the City and County of Denver adopt an ordinance that will decriminalize the use, possession, transportation, cultivation, and transfer of mushrooms that produce psilocybin, psilocin, baeocystin, and/or nor-baeocystin and all derivatives thereof?

<b>1.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>2.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>3.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>4.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>5.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>6.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>7.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>8.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>9.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>10.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	



## Warning and Signature Page

### Petition for Denver Initiated Ordinance

**"WARNING:  
IT IS AGAINST THE LAW:**

**For anyone to sign any initiative petition with any name other than his or her own or to knowingly sign his or her name more than once for the same measure or to knowingly sign a petition when not a registered elector who is eligible to vote on the measure.**

**DO NOT SIGN THIS PETITION UNLESS YOU ARE A REGISTERED ELECTOR AND ELIGIBLE TO VOTE ON THIS MEASURE. TO BE A REGISTERED ELECTOR, YOU MUST BE A CITIZEN OF COLORADO AND REGISTERED TO VOTE IN THE CITY AND COUNTY OF DENVER:**

**Do not sign this petition unless you have read or had read to you the proposed initiative in its entirety and understand its meaning."**

**Ballot Title: Shall the voters for the City and County of Denver adopt an ordinance that will decriminalize the use, possession, transportation, cultivation, and transfer of mushrooms that produce psilocybin, psilocin, baeocystin, and/or nor-baeocystin and all derivatives thereof?**

<b>1.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>2.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>3.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>4.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>5.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>6.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>7.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>8.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>9.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>10.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	

## Warning and Signature Page Petition for Denver Initiated Ordinance

**"WARNING:  
IT IS AGAINST THE LAW:**

**For anyone to sign any initiative petition with any name other than his or her own or to knowingly sign his or her name more than once for the same measure or to knowingly sign a petition when not a registered elector who is eligible to vote on the measure.**

**DO NOT SIGN THIS PETITION UNLESS YOU ARE A REGISTERED ELECTOR AND ELIGIBLE TO VOTE ON THIS MEASURE. TO BE A REGISTERED ELECTOR, YOU MUST BE A CITIZEN OF COLORADO AND REGISTERED TO VOTE IN THE CITY AND COUNTY OF DENVER:**

**Do not sign this petition unless you have read or had read to you the proposed initiative in its entirety and understand its meaning."**

**Ballot Title: Shall the voters for the City and County of Denver adopt an ordinance that will decriminalize the use, possession, transportation, cultivation, and transfer of mushrooms that produce psilocybin, psilocin, baeocystin, and/or nor-baeocystin and all derivatives thereof?**

<b>1.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>2.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>3.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>4.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>5.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>6.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>7.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>8.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>9.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>10.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	

## Warning and Signature Page Petition for Denver Initiated Ordinance

**“WARNING:  
IT IS AGAINST THE LAW:**

For anyone to sign any initiative petition with any name other than his or her own or to knowingly sign his or her name more than once for the same measure or to knowingly sign a petition when not a registered elector who is eligible to vote on the measure.

**DO NOT SIGN THIS PETITION UNLESS YOU ARE A REGISTERED ELECTOR AND ELIGIBLE TO VOTE ON THIS MEASURE. TO BE A REGISTERED ELECTOR, YOU MUST BE A CITIZEN OF COLORADO AND REGISTERED TO VOTE IN THE CITY AND COUNTY OF DENVER:**

Do not sign this petition unless you have read or had read to you the proposed initiative in its entirety and understand its meaning.”

**Ballot Title:** Shall the voters for the City and County of Denver adopt an ordinance that will decriminalize the use, possession, transportation, cultivation, and transfer of mushrooms that produce psilocybin, psilocin, baeocystin, and/or nor-baeocystin and all derivatives thereof?

1.	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
2.	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
3.	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
4.	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
5.	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
6.	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
7.	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
8.	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
9.	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
10.	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	

## Warning and Signature Page Petition for Denver Initiated Ordinance

**"WARNING:  
IT IS AGAINST THE LAW:**

**For anyone to sign any initiative petition with any name other than his or her own or to knowingly sign his or her name more than once for the same measure or to knowingly sign a petition when not a registered elector who is eligible to vote on the measure.**

**DO NOT SIGN THIS PETITION UNLESS YOU ARE A REGISTERED ELECTOR AND ELIGIBLE TO VOTE ON THIS MEASURE. TO BE A REGISTERED ELECTOR, YOU MUST BE A CITIZEN OF COLORADO AND REGISTERED TO VOTE IN THE CITY AND COUNTY OF DENVER:**

**Do not sign this petition unless you have read or had read to you the proposed initiative in its entirety and understand its meaning."**

**Ballot Title: Shall the voters for the City and County of Denver adopt an ordinance that will decriminalize the use, possession, transportation, cultivation, and transfer of mushrooms that produce psilocybin, psilocin, baeocystin, and/or nor-baeocystin and all derivatives thereof?**

<b>1.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>2.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>3.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>4.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>5.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>6.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>7.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>8.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>9.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	
<b>10.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address - Number, Street, Unit #:		City/County:	Signature:	

## Warning and Signature Page Petition for Denver Initiated Ordinance

**“WARNING:  
IT IS AGAINST THE LAW:**

**For anyone to sign any initiative petition with any name other than his or her own or to knowingly sign his or her name more than once for the same measure or to knowingly sign a petition when not a registered elector who is eligible to vote on the measure.**

**DO NOT SIGN THIS PETITION UNLESS YOU ARE A REGISTERED ELECTOR AND ELIGIBLE TO VOTE ON THIS MEASURE. TO BE A REGISTERED ELECTOR, YOU MUST BE A CITIZEN OF COLORADO AND REGISTERED TO VOTE IN THE CITY AND COUNTY OF DENVER:**

**Do not sign this petition unless you have read or had read to you the proposed initiative in its entirety and understand its meaning.”**

**Ballot Title: Shall the voters for the City and County of Denver adopt an ordinance that will decriminalize the use, possession, transportation, cultivation, and transfer of mushrooms that produce psilocybin, psilocin, baeocystin, and/or nor-baeocystin and all derivatives thereof?**

<b>1.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>2.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>3.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>4.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>5.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>6.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>7.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>8.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>9.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	
<b>10.</b>	Date:	Last Name:	First Name:	MI:	Year of Birth (Optional):
	Address – Number, Street, Unit #:		City/County:	Signature:	

# Affidavit of Circulator Petition for Denver Initiated Ordinance

I, \_\_\_\_\_, being duly sworn  
(Circulator's Printed Name)

on oath depose and say that I have read and understand the laws governing the circulation of petitions; that I was 18 years of age or older at the time this petition section was circulated and signed by the listed electors; that I personally circulated this section of the petition; that all signatures on this petition section were affixed in my presence; that to the best of my knowledge each signature hereon is the genuine signature of the person whose name it purports to be; that to the best of my knowledge and belief, each of the persons signing this petition section was, at the time of signing, a registered elector of the City and County of Denver; that I have not paid and will not in the future pay and that I believe that no other person has paid or will pay, directly or indirectly, any money or other thing of value to any signer for the purpose of inducing or causing the signer to affix the signer's signature to the petition; and that each signer had an opportunity to read the full text and ballot title of this initiative.

\_\_\_\_\_  
(Signature of Circulator) (Date)

\_\_\_\_\_  
(Circulator's Permanent Residential Address)

\_\_\_\_\_  
(Circulator's Temporary Colorado Residential Address, if applicable)

STATE OF COLORADO  
CITY AND COUNTY \_\_\_\_\_

Subscribed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_,

[SEAL]

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)