

PETITION FOR INITIATIVE MEASURE No. 82

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.82, the "District of Columbia Tip Credit Elimination Act of 2021," the Summary Statement for which appears below:

INITIATIVE MEASURE No. 82

SHORT TITLE

"District of Columbia Tip Credit Elimination Act of 2021"

SUMMARY STATEMENT

Under current law, employers of employees classified as "tipped workers" may take a credit against tipped wages received by workers to satisfy the minimum wage guaranteed to all workers by law. If enacted, the Initiative would gradually eliminate the credit, such that the mandatory base wage (currently \$5.05 per hour, indexed to inflation) paid by employers shall increase until 2027, when the mandatory base wage matches the minimum wage established by District of Columbia law (currently \$15.20 per hour, indexed to inflation). Tips continue as property of employees and will be in addition to the statutory minimum hourly wage.

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	<u>PRINTED</u> NAME OF SIGNER		
	ADDRESS			
2	SIGNATURE	<u>PRINTED</u> NAME OF SIGNER		
	ADDRESS			
3	SIGNATURE	<u>PRINTED</u> NAME OF SIGNER		
	ADDRESS			
4	SIGNATURE	<u>PRINTED</u> NAME OF SIGNER		
	ADDRESS			
5	SIGNATURE	<u>PRINTED</u> 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: _____

PETITION FOR
INITIATIVE MEASURE:

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SIGNATURE AND ADDRESS OF PETITIONER		PRINTED NAME OF PETITIONER	DATE SIGNED	WARD
1	SIGNATURE <i>Luis An</i>	PRINTED NAME OF SIGNER		
	ADDRESS 2004 11th St NW #233	<i>Luis An</i>	2/20/22	1
2	SIGNATURE <i>Deborah Peterson</i>	PRINTED NAME OF SIGNER PETERSON		
	ADDRESS 1107 11th St NW #43	<i>Deborah Peterson</i>	2/20/22	2
3	SIGNATURE <i>Sofie Bates</i>	PRINTED NAME OF SIGNER		
	ADDRESS 2101 NEW HAMPSHIRE AVE NW #209	<i>Sofie Bates</i>	2/20/22	1
4	SIGNATURE <i>Colleen Aulton</i>	PRINTED NAME OF SIGNER		
	ADDRESS 1301 U St NW, Apt 319	<i>Colleen Aulton</i>	2/20/22	1
5	SIGNATURE	PRINTED NAME OF SIGNER		
	ADDRESS			

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CIRCULATOR'S AFFIDAVIT OF CERTIFICATION

I, STUART KARA GEA
(Printed Name of Circulator)

1809 IRVING ST NW, WASHINGTON, DC 20010
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 2/20/22 and 2/20/22.

Date: 2/20/22 Signature of Circulator: [Signature]