

PAID FOR BY: _____ _____ _____

**PETITION FOR
RECALL OF:**

AMBER GOVE, ANC 6A04
(Name and Office)

Proposer(s) of Recall: Alexandra Kelly, 1323 North Carolina Ave NE, Washington, DC 20002

We, the undersigned, being duly registered voters in the District of Columbia who reside in the same Advisory Neighborhood Commission Single-Member District as the subject of this petition for recall, request that the District of Columbia Board of Elections hold a recall election as prescribed in Charter Amendment No. 2 to Title IV of the District of Columbia Self-Government and Governmental Reorganization Act (D.C. Official Code §§ 1-204.111 to 1-204.115).

<p>STATEMENT OF GROUNDS FOR RECALL OF: Amber Gove, ANC 6A04</p> <p>Amber Gove is our ANC representative and our voice in government but she failed to represent us.</p> <p>DDOT decided to make North Carolina Avenue a one-way thoroughfare and Amber support the proposal, although affected neighbors overwhelmingly rejected it. It will reduce already constrained parking on this and adjacent streets, limit charging for electric vehicles, create traffic flow problems and delays, push traffic toward schools, reduce access for public transport and emergency vehicles, and it is hazardous to children and disabled residents. Hundreds of Amber’s constituents signed a petition in favor of an alternate, moderate plan that retains the neighborhood’s historic two way avenue as it was designed. Amber didn’t listen to her constituents’ concerns or address our proposed alternative. She refused to support or even consider it. Instead she approved and promoted the one-way plan.</p> <p>As chair of the ANC she failed to inform us about community meetings, often sending out notices at the last minute, sometimes without working links or with misleading agendas, and she failed to hold DDOT accountable to provide clear, verifiable answers to our questions.</p> <p>Amber ignores our concerns and her duty to represent us. We need a new commissioner.</p>	<p>Amber Gove: <u>Response to Notice of Intent to Recall</u></p> <p>Since 2017 I’ve served as your volunteer ANC. I’ve prioritized the safety of our streets and sidewalks, securing speed humps and raised crosswalks. I’ve served on the Eliot-Hine and Maury modernization teams, increased community grants, and partnered with MPD on public safety.</p> <p>The group circulating this petition is misrepresenting the facts of the process because they don’t like the outcome. Over eighteen months, our Commission discussed options at multiple public meetings. We voted unanimously to support the design that will reduce speeding, add parking, and give pedestrians, drivers, and cyclists their own spaces. Meetings were properly noticed via the Hill Rag, ANC6A.org, and multiple community listservs. I also distributed 450 flyers and emailed my 700 person list. If you're not on the ANC6A listserv, please join to stay informed.</p> <p>Commissioners must make decisions on behalf of everyone. For every voice of opposition, many more contacted me and other Commissioners in support of the project. Dismayed by the discourse, many chose not to speak during our meetings, but their emails, calls, and in-person communications were received and heard.</p> <p>A recall is costly and leaves us unrepresented. Let’s have voters decide on the November ballot instead.</p>
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NOTE: Each signer of this petition must be a duly registered voter who resides in the same ANC Single-Member District as the subject of the recall. Each signer must sign their own name. Under no circumstances is any person permitted to sign another person’s name or sign more than once. Each signer must print their name and residence address in full.

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	<u>PRINTED</u> NAME OF SIGNER		
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4	SIGNATURE	<u>PRINTED</u> NAME OF SIGNER		
	ADDRESS			
5	SIGNATURE	<u>PRINTED</u> NAME OF SIGNER		
	ADDRESS			

PETITION FOR RECALL OF: Amber Gove, ANC 6A04

The statement of the Proposer's grounds for recall, and the elected official's response thereto (if any), appear on the reverse side of this petition form.

SIGNATURE AND ADDRESS OF PETITIONER		<u>PRINTED</u> NAME OF PETITIONER	DATE SIGNER D	WARD
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20	SIGNATURE	<u>PRINTED</u> NAME OF SIGNER		
	ADDRESS			

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NOTICE TO CIRCULATORS

THE SIGNER'S PRINTED NAME, CURRENT ADDRESS, AND THE DATE SIGNED MUST APPEAR IN THE SPACES PROVIDED TO ENSURE THAT THE SIGNATURE WILL BE COUNTED. IF NOT ENTERED BY THE SIGNER, THIS INFORMATION MAY BE ENTERED BY THE CIRCULATOR. ANY PERSON CONVICTED OF COMMITTING A CORRUPT ELECTION PRACTICE AS SET FORTH IN D.C. OFFICIAL CODE 1-1001.14 SHALL BE FINED UP TO \$10,000 AND/OR IMPRISONED FOR UP TO SIX MONTHS, ONE YEAR, OR FIVE YEARS, WHICHEVER IS APPLICABLE. ANY PERSON CONVICTED OF MAKING A FALSE STATEMENT AS SET FORTH IN D.C. OFFICIAL CODE 22-2405 SHALL 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 penalties 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 circulating this petition; (3) I was in the presence of each person who signed the petition at the time it was signed; (4) according to the best information available to me, each signature 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