

# Affidavit for Proposed Initiative

I, \_\_\_\_\_, declare as follows:  
print name as registered to vote

1. I am over 18 years of age and competent to testify.
2. I am a registered voter residing at:

\_\_\_\_\_, WA  
street address city zip code  
\_\_\_\_\_  
county (area code) telephone number

3. I herewith submit a proposed Initiative to the:

People

Legislature

in the form appended hereto regarding the subject of \_\_\_\_\_.

4. I request that the Secretary of State transmit a copy of the proposed Initiative to the Office of the Code Reviser. If I submit a final version of the proposed Initiative to the Secretary of State, along with a Certificate of Review issued by the Office of the Code Reviser, I request that the Secretary of State assign the proposed Initiative a number, and transmit a copy to the Attorney General for a ballot title.

5. I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct and of my own knowledge, and that I executed this declaration at \_\_\_\_\_, Washington, in the County of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
signature

**Note:** The Office of the Secretary of State posts information regarding proposed Initiatives on the agency's website, including contact information for each sponsor. If you would like alternate contact information to be posted, please provide that information below. Please be aware that all information on this affidavit is public record and is subject to public disclosure.

\_\_\_\_\_  
address city state zip code  
\_\_\_\_\_  
email (area code) telephone number (area code) fax number