

STATEMENT (OPTIONAL)

BALLOT TITLE- Statement of Subject:

Concise Description:

Shou

1) Insert Initiative number here.

2) Insert your statement or catch phrase.

BALLOT MEASURE SUMMARY

his measure be enacted into law? Yes [] No []

3) Insert ballot title and concise description provided by the Attorney General (Required-RCW 29A.72.050)

4) Insert summary provided by Attorney General (Required-RCW 29A.72.060)

INITIATIVE PETITION FOR SUBMISSION TO THE PEOPLE

To the Honorable Steve Hobbs, Secretary of State of the State of Washington: We, the undersigned citizens and legal voters of the State of Washington, respectfully direct that the proposed measure known as Initiative Measure No., entitled (here insert the established ballot title of the measure), a full, true and the copy of which is printed on the reverse side of this political has submitted to the State of Washington for the State of Washington for the State of November 1998.

or washington for the control of the

WARNING: EVERY PERSON who signs this petition with any other than his or her true name, knowingly signs more than one of these petitions, signs this petition when he or she is set a legal voter, or makes any false statement on this petition may be punished by fine or imprisonment or both.

Signature (As on Voter Registration)	Print Name	<u>Birthdate</u>	Address where you are registered	City	Zip	County
1	<u> </u>	(Optional)	Address where you are registered	City	<u> 21p</u>	<u>county</u>
	6) Required Warning Text-					
2	RCW 29A.72.140					
3			7) Name, Signature, Addr	-	_	
4			necessary to locate a matching signature- WAC 434-379-008			
5			Note: Date of Birth is not required but very helpful when locating voter registrations. It			
6			is also public information voters.			
7			voters.			
8 ½" Row He	eight- needed for signature reco	gnition	Template Use:			
9			Using an OSOS template enables faster			
10			processing of results.20 Rows	Please	e use:	
11			• 1/2 inch height	for eac	ch row	
12			 Fields: signatur date of birth, a 			
13			DO NOT use sc		•	
14			or greyed areas			
15			To access a template visit: https://www.sos.wa.g			
16						
17 This	area is reserved for OSOS.					
18 (Do No	OT write in or alter this area)					
19 (Do	o NOT format as a footer)					
20						
FOR SOS USE ONLY						

Campaign Information

PETITION GATHERER, SIGN HERE!					
person who signed this sheet of the foregoing petition provided therewith is true and correct. I further acknowledge the state of the foregoing petition provided therewith is true and correct.	ar or affirm under penalty of law that I circulated this sheet of the foregoing petition, and that, to the best of my knowledge, every how knowingly and without any compensation or promise of compensation willingly signed his or her true name and that the information wledge that under chapter 29A.84 RCW, forgery of signatures on this petition constitutes a class C felony, and that offering any in to sign a petition is a gross misdemeanor, such violations being punishable by fine or imprisonment or both.				
RCW 9A.46.020 applies to any conduct constituting harassment against a petition signature gatherer. This penalty does not preclude the victim from seeking any other remedy otherwise available under law.					
NAME (signature)	PHONE				
HOME EMAIL	Mailing Address				

8) Required Text- RCW 29A.72.120

Complete text

Readable, full, true, and correct copy

9) Insert your complete text (Text provided to Attorney General for the creation of the Ballot Title and Summary.

NOTE: Petition is formatted for 11 inches by 17 inches.