Oath of Authenticity			
-			
STATE OF WASHINGTON	) ) ss.		
COUNTY OF	)		
	e unofficial returns and suppo		
State of Washington, are true a	held on nd correct.	in	County,
	_		County Auditor
Subscrib	ed and sworn before me this	day of Day Mont	
		Day IVIOIII	II Ieai
	_	County Legislative	Authority (witness)
	_	County Prosecuting	Attorney (witness)
Certification of the Can	vassing Board		
STATE OF WASHINGTON	)		
COUNTY OF	) ss. )		
The undersigned officers the County of and correct copy of the Abstrac cumulative results, precinct res	•	by certify that this is per of registered elig	a full, true,
State of Washington.	ur hands and official seal this		. 20

Day

[Affix county seal]

County Legislative Authority

County Prosecuting Attorney

Year

County Auditor

Month