

Washington State Filing Fee Petition

Submitted in support of a candidate lacking sufficient funds to pay the filing. (RCW 29A.24.091)

This information is **REQUIRED**

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 not a legal voter, or makes any false statement on this petition may be punished by fine or imprisonment or both.



(Campaign may insert Candidate's logo here)

We, the undersigned registered voters of _____ ,
 (either state of Washington or the political subdivision)
 hereby petition that the name of _____ ,
 (candidate's name)
 be printed on the ballot for the office of _____ ,
 (insert name of office including applicable district / position number)

	SIGNATURE	PRINT FIRST NAME	PRINT LAST NAME	DATE OF BIRTH	ADDRESS	CITY	COUNTY
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Optional image/logo insert

Insert candidate information:
 This text area must have these three statements

TEMPLATE USE:
 Using an OSOS template enables faster processing of results. Please use ten rows and 1/2inch height for all petition forms.
 To access a template for your use please visit:
www.sos.wa.gov/elections/candidates/

1/2 Row Height- Needed for signature recognition

This area is reserved for SOS catalog numbers. Please do NOT Write in or alter this area and do Not format as a Footer.