

((STRICKEN GRAPHIC))

[

FILING DATA . . . FOR OFFICE USE ONLY

Date _____ Fee Paid \$ _____ File No. _____
 Paid By (Check one)
 AM Check Other
 PM Cash Nom. Petition
 Time _____ Clerk/Cashier Initials _____

DECLARATION OF CANDIDACY

1. I, _____ am a registered voter residing at:

2. _____
(STREET NAME AS YOU ARE REGISTERED TO VOTE) (TELEPHONE NUMBER)

(MAILING ADDRESS - IF DIFFERENT)
 _____, Washington _____
(CITY) (COUNTY) (ZIP CODE)

and at the time of filing this declaration I am legally qualified to assume office if elected.

3. I declare myself as a candidate for nomination to the office of:

(NAME OF OFFICE)

(CONGRESSIONAL OR LEGISLATIVE DISTRICT, COUNTY, CITY, OR OTHER JURISDICTION)

(POSITION NUMBER IF APPLICABLE) (DIRECTOR OR COMMISSIONER DISTRICT, IF ANY)

4. For the following term of office:

- a full term or a full term and a short term, or
- an unexpired term

5. This office is:

- Nonpartisan, or
- Partisan, and I am: a candidate of the _____ party, or
 an independent candidate nominated pursuant to chapter 29.24 RCW

6. Filing Fee (Check one):

- There is no filing fee because the office has no fixed annual salary, or
- I am submitting a filing fee of \$10 because the fixed annual salary of the office being sought is \$1,000 or less, or
- I am submitting a filing fee of \$ _____, an amount equal to 1% of the annual salary, or
- I am without sufficient assets or income to pay the filing fee required by law and I have attached a nominating petition in lieu of this fee, pursuant to RCW 29.18.050.

7. Please print my name on the ballot exactly as follows: _____
(PLEASE PRINT)

I declare that this information is, to the best of my knowledge, true. I also swear, or affirm, that I will support the Constitution and laws of the United States and the Constitution and laws of the State of Washington.

Note: Your signature must be personally attested to by either a notary public or by the officer with whom the declaration is filed.

8. Sign Here **X** _____
(SIGNATURE OF CANDIDATE AS REGISTERED TO VOTE)

(SIGNATURE OF ACKNOWLEDGING OFFICIAL)

(TITLE OF ACKNOWLEDGING OFFICIAL)

Candidates: Return all copies of this declaration to your Elections Dept.
Distribution by Elections Dept: White--County; Yellow--POC; Pink--Candidate

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| | | |
|--------------------------------|--|----------------|
| Date/Time _____ | Fee Paid \$ _____ | File No. _____ |
| Paid By (Check one) | | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Other | Office _____ |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Nom. Petition | Code _____ |
| Clerk/Cashier initials _____ | | |

DECLARATION OF CANDIDACY

1. I, _____ am a registered voter residing at:

(PRINT NAME AS YOU ARE REGISTERED TO VOTE)

2. _____

(STREET ADDRESS OR RURAL ROUTE WHERE REGISTERED TO VOTE) (CITY) (COUNTY) (ZIP CODE)

(MAILING ADDRESS) (CITY) (COUNTY) (ZIP CODE)

(TELEPHONE NO) (EMAIL ADDRESS)

and at the time of filing this declaration I am legally qualified to assume office if elected.

3. I declare myself as a candidate for nomination to the office of:

(NAME OF OFFICE)

(CONGRESSIONAL OR LEGISLATIVE DISTRICT, COUNTY, CITY, OR OTHER JURISDICTION)

(POSITION NUMBER IF APPLICABLE)

(DIRECTOR OR COMMISSIONER DISTRICT, IF ANY)

4. For the following term of office:

- A full term or a full term and a short term, or
- An unexpired term

5. This office is:

- Nonpartisan, or
- Partisan, and I am: a candidate of the _____ party, or an independent candidate nominated pursuant to chapter 29.24 RCW.

6. Filing Fee (Check one):

- There is no filing fee because the office has no fixed annual salary, or
- I am submitting a filing fee of \$10 because the fixed annual salary of the office being sought is \$1,000 or less, or
- I am submitting a filing fee of \$ _____, an amount equal to 1% of the annual salary, or
- I am without sufficient assets or income to pay the filing fee required by law and I have attached a nominating petition in lieu of this fee, pursuant to RCW 29.15.050.

7. Please print my name on the ballot exactly as follows: _____

(PLEASE PRINT)

I declare that this information is, to the best of my knowledge, true. I also swear, or affirm, that I will support the Constitution and laws of the United States and the Constitution and laws of the State of Washington.

Note: Your signature must be personally attested to either by a notary public or by the officer with whom the declaration is filed.

8. Sign Here X _____

(SIGNATURE OF CANDIDATE AS REGISTERED TO VOTE)

STATE OF WASHINGTON, COUNTY OF _____

SIGNED OR ATTESTED BEFORE ME ON _____

(DATE)

by _____

(CANDIDATE)

(SIGNATURE OF NOTARY)

(TITLE)

MY APPOINTMENT EXPIRES _____

(SEAL OR STAMP)

SSE 94-1 (2002)

Candidate: Return all copies of this declaration to your Elections Dept. Distribution by Elections Dept: White—County; Yellow—PDC; Pink—Candidate

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((STRICKEN GRAPHIC))

FILING DATA . . . FOR OFFICE USE ONLY

| | | | |
|--------------------------------|--|----------------------|-------------------|
| Date _____ | Fee Paid \$ _____ | File No _____ | Office Code _____ |
| <input type="checkbox"/> Check | <input type="checkbox"/> Debit/Credit | | |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Filing Fee Petition | Clerk Initials _____ | |

DECLARATION OF CANDIDACY

1. I, _____ am a registered voter residing at:
(PRINT NAME AS YOU ARE REGISTERED TO VOTE)

2. _____
(STREET ADDRESS OR RURAL ROUTE WHERE REGISTERED TO VOTE) (CITY) (COUNTY) (ZIP CODE)

_____ (MAILING ADDRESS) (CITY) (COUNTY) (ZIP CODE)

_____ (TELEPHONE NO.) (EMAIL ADDRESS)

and at the time of filing this declaration I am legally qualified to assume office if elected.

3. I declare myself as a candidate for the office of:

_____ (NAME OF OFFICE)

_____ (CONGRESSIONAL OR LEGISLATIVE DISTRICT, COUNTY, CITY, OR OTHER JURISDICTION)

_____ (POSITION NUMBER IF APPLICABLE) (DIRECTOR OR COMMISSIONER DISTRICT, IF ANY)

4. For the following term of office:
 A full term or a full term and a short term, or
 An unexpired term

5. This office is:
 Nonpartisan, or
 Partisan, and (check one): my party preference is _____, or
 I am an independent candidate.

The party preference will be listed on the ballot exactly as provided unless limited space necessitates abbreviation.

6. Filing Fee (check one):
 There is no filing fee because the office has no fixed annual salary, or
 I am submitting a filing fee of \$1,000 because the fixed annual salary of the office is \$1,000 or less, or
 I am submitting a filing fee of \$_____, an amount equal to 1% of the annual salary, or
 I am without sufficient assets or income to pay the filing fee required by law and I have attached a filing fee petition in lieu of this fee, pursuant to WAC 434-215-013 and RCW 29A.24.091.

7. Please print my name on the ballot exactly as follows: _____
(PLEASE PRINT)

I declare that this information is, to the best of my knowledge, true. I also swear, or affirm, that I will support the Constitution and laws of the United States and the Constitution and laws of the State of Washington.

Note: Your signature must be personally attested to either by a notary public or by the officer with whom the declaration is filed.

8. Sign Here X _____
(SIGNATURE OF CANDIDATE AS REGISTERED TO VOTE)

STATE OF WASHINGTON, COUNTY OF _____

SIGNED OR ATTESTED BEFORE ME ON _____
(DATE)

by _____
(CANDIDATE)

_____ (SIGNATURE OF NOTARY)

_____ (TITLE)

MY APPOINTMENT EXPIRES _____

(SEAL OR STAMP)

SSEB4-1 (2005)

Candidate: Return all copies of this declaration to your Elections Dept.

Candidate: Return all copies of this declaration to the filing officer. Distribution by the filing officer: White--County; Yellow--PDC; Pink--Candidate
 The form shall measure eight and one-half inches by eleven inches