PUBLIC	DISCLOSURE COMMISSION			DATE EU ED DOG	
	711 CAPITOL WAY RM 206	Candidate		DATE FILED PDC	
	PO BOX 40908		(:1	MAY 2 9 2007	
	OLYMPIA WA 98504-0908 (360) 753-1111	Registration		2 0 2007	
	Toll Free 1-877-601-2828	3	(3/06)		
Candidate's Na	me (Give candidate's full name.)			Telephone Number	
	-110 000 1	-11-1011		·	
	HUMAS A.	SUTICH		(253) 858-64/4	
Candidate's Co	mmittee Name (Do not abbreviate.)		······································	Fax Number	
7	HOMAS A.	C11T1/11		1	
Nation Addition		SUTICH		1	
Mailing Address	~ ~			Candidate's E-Mail Address	
59/3	123-57.	NW		TSUTICH (a) COMCAST	
City					
GIG HARDOR PIERCE 98332					
1 What office	ce are you running for?	· / 0 00			
	•	Legislative District, County or City	Position No.	Do you now hold this office?	
VINE F	ROTECTION DISTRICT	#5 PIERCE	#4	Yes 🔣 No 📙	
Political p	arty (if partisan office)	3. Di	ate of general or spec	ial election	
			1-06-07	,	
4. How much do you plan to spend during your entire election campaign, including the primary and general elections? Based on that estimate, choose one of					
the reportir	Options below. If no hox is checked	you are obligated to use Option II, Full Reporting. See i	neral elections? B	ased on that estimate, choose one of	
and changir	ig reporting options.	you are obligated to use Option it, Full Reporting. See it	nstruction manuals i	or information about reports required	
Option I MINI REPORTING: In addition to my filling fee of \$, I will raise and spend no more than \$3,500, including any charges for inclusion in state and					
local voters pamphlets. I will not accept more than \$300 in the aggregate from any contributor except myself.					
Option II FULL REPORTING: I will use the Full Reporting system. I will file the frequent, detailed campaign reports required by law.					
		, o ,	, reports required by	14.11.	
5. Treasurer	's Name and Address Condidate be to				
sheet -	TUANITA A. SUT	reasurer. List deputy treasurers on attached sheet. Co	ntinued on attached	Daytime Telephone Number	
6	9/3 12330 ST. NU	ر ن			
	1/1-6 - 1/20	98332		(253)858-6414	
	IG MARBOR, WA	• -			
6. Committee	e Officers. List name, title and address. Co	ontinue on attached sheet if necessary. See reverse for def	inition of "officer."	Continued on attached sheet	
_					
7. Campaign	Bank or Depository	Branch C HAPE	OB	City a Manager	
500n	D CREDIT UN	10h Branch G19 HARD 4521 FT. FOSD		O GIA HARBOR WASH.	
30011	$D \subset (C \cup \mathcal{P})$	4521 PT. FOSD	ICK DR. NU		
		GIS HARbOR, L		WASH	
8. Related or	Affiliated Delitical County of Line	019 1171002,0	N M	<i>50</i> 77 077 .	
o. Relateu oi	Affiliated Political Committees. List name,	address and relationship.			
	•				
				☐ Continued on attached sheet	
9. Campaign	books must be open to the public by appoin	ntment between 8 a.m. and 8 p.m. during the eight days bef	ore the election, exce	of Saturdays Sundays, and legal	
nolidays. I	n the space below, provide contact informat	tion for scheduling an appointment and the address where t	he inspection will take	e place. It is not acceptable to provide a	
post office box or an out-of-area address.					
Street Address, Room Number_City where campaign books will be available for inspection					
Street Address, Room Number, City where campaign books will be available for inspection 59,32,57. www					
619 H	MRbor, WA 983	5 _		İ	
,			-6414	·	
	nake an appointment, contact the campaigr	n at (telephone, fax, e-mail): (253 6536	-6714	<u> </u>	
10. CERTIFICA					
	this report is true, complete and correct to	the best of my knowledge.		1	
Candidate	's Signature	Dat	te	İ	
11					
4 Man	un (1. St. H.		5-29	9-07	
Mon	we and Mille		/		