

Candidate's Name (Give candidate's full name.) Clairann Haney	Telephone Number (360) 679-3053
Candidate's Committee Name (Do not abbreviate.)	Fax Number ()

Mailing Address P.O. 1377	Candidate's E-Mail Address clairannhaney@chtmad.com
City Oak Harbor	County Island
Zip + 4 98277	Campaign E-Mail Address clairannhaney@chtmad.com

1. What office are you running for? City Council	Legislative District, County or City City of Oak Harbor	Position No. 1	Do you now hold this office? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. Political party (if partisan office)	3. Date of general or special election Nov 6 2007		

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 reporting options below. If no box is checked you are obligated to use Option II, Full Reporting. See instruction manuals for information about reports required and changing reporting options.

Option I MINI REPORTING: In addition to my filing fee of \$ 63⁰⁰, 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.

5. Treasurer's Name and Address. Candidate may be treasurer. List deputy treasurers on attached sheet. <input type="checkbox"/> Continued on attached sheet	Daytime Telephone Number ()
Candidate	

6. Committee Officers. List name, title and address. Continue on attached sheet if necessary. See reverse for definition of "officer." Continued on attached sheet

7. Campaign Bank or Depository not accepting contributions	Branch	City
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8. Related or Affiliated Political Committees. List name, address and relationship.

NA Continued on attached sheet

9. Campaign books must be open to the public by appointment between 8 a.m. and 8 p.m. during the eight days before the election, except Saturdays, Sundays, and legal holidays. In the space below, provide contact information for scheduling an appointment and the address where the inspection will take 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
700 NW Crosby #72, Oak Harbor, WA 98277

In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (360) 679-3053

10. **CERTIFICATION:**
 I certify that this report is true, complete and correct to the best of my knowledge.

Candidate's Signature Clairann Haney Date 6/5/2007