

Candidate Registration

C1
(3/06)

DATE FILED PDC
JUN 13 2007

Candidate's Name, (Give candidate's full name.)
Kelly Warren O'Brien

Candidate's Committee Name (Do not abbreviate.)
N/A

Mailing Address
P.O. Box 312

City
Leavenworth County
Chelan Zip + 4
98826

Telephone Number
(509) 548-7995

Fax Number
()

Candidate's E-Mail Address
chief3@nwi.net

Campaign E-Mail Address

1. What office are you running for?
Cascade School Board of Directors Legislative District, County or City
Chelan Co. Position No.
2 Do you now hold this office?
 Yes No

2. Political party (if partisan office)
N/A

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 \$ *0*, 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. Continued on attached sheet

Kelly O'Brien (same as above) Daytime Telephone Number
(509) 548-7711

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

Branch

City

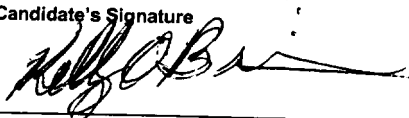
8. Related or Affiliated Political Committees. List name, address and relationship.

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. Continued on attached sheet

Street Address, Room Number, City where campaign books will be available for inspection

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

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

Candidate's Signature


Date
6/11/07