G.	PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 0LYMPIA WA 98504-0908 (360) 753-1111 Tell Pres 1-677-601-2628	Candidate Registration	C1	DATE FILED PD JUN 2 1 2007
	didate's Name (Give sandidate's full name.)	Fredd Warner, W.		Telephone Number () Fax Number ()
Maili	popaddress 45 Hastin, Wa (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	98847	Candidate's E-Mail Address
City		County	Zip + 4	Campaign E-Mail Address
1.	Chala - Co. Has pin	Legislative District, County or City	Position No.	Do you now hold this office? Yes No
2.	Political party (if partisan office)		3. Date of general or speci	7
th	Option I MINI REPORTING: In addition to my and local voters pamphlets. I will not accept more		g. See Instruction manuals CAMPUS no more than \$3,500, includir except myself.	for information about reports required C C C S g any charges for inclusion in state
5.	Treasurer's Name and Address. Candidate may be t	reasurer. List deputy treasurers on attached sheet	. Continued on attached	Daytime Telephone Number
				(59) 548 478)
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 appoinolidays. In the space below, provide contact informs a post office box or an out-of-area address. Street Address, Room Number, City where campaign	ation for scheduling an appointment and the addres	days before the election, ex- s where the inspection will ta	Continued on attached sheet cept Saturdays, Sundays, and legal ske place. It is not acceptable to provide
	In order to make an appointment, contact the campaig	gn at (telephone, fax, e-mail): (
10.	CERTIFICATION: I certify that this report is true, complete and correct to	A the heat of mailmanded		12. /20

Date

SEE INSTRUCTIONS ON REVERSE