PUBLIC -	DISCLOSURE COMMISSION
	711 CAPITOL WAY RM 200 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111

Candidate

DATE FILED PDC

PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828	Registration	(3/06)	JUL 1 0 2007
Candidate's Name (Give candidate's full name.) Robert f. Lansber Candidate's Committee Name (Do not abbreviate.) Nome	-7	<u>v</u>	Telephone Number (509) 238-6865 Fax Number ()
Mailing Address P.O. Box 1			Candidate's E-Mail Address
CHattaray Spoker	unty 18 9901	Zip+4 23-6001	Campaign E-Mail Address
City Chattarof Spokar 1. What office are you funning for? Fire Commission Her Spot 2. Political party (if partisan office)	Legislative District, County or City Kane # 4	Position No.	Do you now hold this office? Yes No
2. Political party (if partisan office)		3. Date of general or speci	
the reporting options below. If no box is checked you are cand changing reporting options. Option I MINI REPORTING: In addition to my filing fee local voters pamphlets. I will not accept more than \$300 i Option II FULL REPORTING: I will use the Full Reporting.	of \$, I will raise and spend no n the aggregate from any contributor excep	more than \$3,500, including t myself.	any charges for inclusion in state and
Treasurer's Name and Address. Candidate may be treasurer. sheet	List deputy treasurers on attached sheet.	Continued on attached	Daytime Telephone Number
None			()Nshe
No	46		
7. Campaign Bank or Depository	Branch		City
Non	٠		
8. Related or Affiliated Political Committees. List name, address	·		
 Campaign books must be open to the public by appointment be holidays. In the space below, provide contact information for se post office box or an out-of-area address. 	etween 8 a.m. and 8 p.m. during the eight of cheduling an appointment and the address	ays before the election, exce where the inspection will take	Continued on attached sheet pt Saturdays, Sundays, and legal e place. It is not acceptable to provide a
Street Address, Room Number, City where campaign books wi	ll be available for inspection OXI Challetoy led	, 99003-000i	
In order to make an appointment, contact the campaign at (tele 10. CERTIFICATION:			
I certify that this report is true, complete and correct to the best Candidate's Signature RoLett. Faul		Date 7- 9-	07
	OVER:	Z SE	EE INSTRUCTIONS ON REVERSE

I have been in the hospital for the flost 2 mouther with staff I hope to be discharge this week. I hanh Robert Banslery