

Candidate

C1 DATE FILED PDC

	OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828	Registra	ation	•	(3/06)	JUL 16 2007
1	te's Name (Give candidate's full name.) te's Committee Name (Do not abbreviate.)	Mic)	nolls			Telephone Number (509) 154-3205 Fax Number ()
Mailing	Address Ricke Dr					Candidate's E-Mail Address
City _	Fabrata No	County	+	Zip+4	23	Campaign E-Mail Address
GY	hat office are you running for?	Legislative E	District, County or City)	Position No.	Do you now hold this office? Yes No No
,	olitical party (if partisan office)	7 1 NO V 10 V 10		1/5	general or special (007
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 \$, 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 F					
5. T	easurer's Name and Address. Candidate may be treasheet	asurer. List deputy trea	surers on attached sheet	t. Continued	on attached	Daytime Telephone Number
		lia a an attachad shoot	if pacaccan; See rever	se for definition	of *officer"	Continued on attached sheet
6. C	ommittee Officers. List name, title and address. Con	linue on attached sheet	it necessary. See rever	se for definition	or onicer.	Commission anather sheet
7. (ampaign Bank or Depository	·	Branch			City
8. F	elated or Affiliated Political Committees. List name, a	ddress and relationship	<u> </u>			
The state of the s						
						_
l h	Continued on attached sheet 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					
	In order to make an appointment, contact the campaign at (telephone, fax, e-mail): () 10. CERTIFICATION:					
l	I certify that this report is true, complete and correct to the best of my knowledge. Candidate's Signature Date					
,	des Masses	Also		#		July 110. 2007
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