PUBLIC __ DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908

Candidate

C1 DATE FILED PDC

	OLYMPIA WA 98504-0908 (360) 753-1111 Toli Free 1-877-601-2828	Registration	•	(3/06)	JUL 17 2007
Candidate's Name	e (Give candidate's full name.)			1	Telephone Number
Candidate's Com	mittee Name (Do not abbreviate.)	4			(509)454-4641 Fax Number
					()
Mailing Address	N. 38th St	-			Candidate's E-Mail Address
City V C K	(me)	County	9890	7/	Campaign E-Mail Address
1. What office	are you running for?	Legislative District, Cou	rnty or City	Position No.	Do you now hold this office? Yes No
2. Political pa	rty (if partisan office)	audpreda, 10	3. Date of	general or speci.	al election
the reporting	o you plan to spend during your er goptions below. If no box is checked reporting options.	ntire election campaign, including d you are obligated to use Option II,	the primary and genera Full Reporting. See instru	elections? Baction manuals for	ased on that estimate, choose one of or information about reports required
local vo	I MINI REPORTING: In addition to moters pamphlets. I will not accept more to	than \$300 in the aggregate from any co	ontributor except myself.		any charges for inclusion in state and
	II FULL REPORTING: I will use the F				law.
5. Treasurer's sheet	Name and Address. Candidate may be	treasurer. List deputy treasurers on a	ittached sheet. Continue	d on attached	Daytime Telephone Number
					()
6. Committee	Officers. List name, title and address.	Continue on attached sheet if necessal	ry. See reverse for definition	n of *officer."	Continued on attached sheet
7. Campaign	Bank or Depository	Branch			City
8. Related or	Affiliated Political Committees. List nam	ne, address and relationship.			
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holidays. I	books must be open to the public by app n the space below, provide contact inforr box or an out-of-area address.	pointment between 8 a.m. and 8 p.m. d mation for scheduling an appointment a	luring the eight days before and the address where the i	the election, excensive the election will take	Continued on attached sheet ept Saturdays, Sundays, and legal e place. It is not acceptable to provide a
Street Addr	ress, Room Number, City where campaig	gn books will be available for inspection	n		
In order to	make an appointment, contact the camp. TION:	aign at (telephone, fax, e-mail): () `		
I certify tha	t this report is true, complete and correct	to the best of my knowledge.	Date		
1	(Amain II)	Marano		7/1/01	87
	wire	mer ye		<u>/ · · · · /</u> S	EE INSTRUCTIONS ON REVERSE