

Candidate Registration

C1

DATE FILED PDC APR 3'9 2008

| Candidate's Name (Give candidate's full name.) | | | Telepi | none Numbers | |
|---|---|---|--|------------------------|--|
| CATHLEEN L VERDE | | | (42 | (425) 283-8772 | |
| Candidate's Committee Name (Do n | ot abbreviate.) | | | | |
| Friends of Kim Verd | le | | | | |
| Mailing Address | | | Fax N | umber | |
| 1425 Broadway #37 | | | 7 | | |
| City | County | Zip + 4 | E-Mail | Address | |
| Seattle | KING | 98122 | variation (China | voteforverde@gmail.com | |
| What office are you running for? | | Legislative District. County or City | Position | | |
| STATE REPRESENTATIV | Æ LE | G DISTRICT 43 - HOUSE | 2 | Yes No IX | |
| 2. Political party (if partisan office) | | | 3. Date of general of | or special election | |
| REPUBLICAN | | | 11/04/200 | 8 | |
| option if FULL REPOR 5. Treasurer's Name and Address. (Mark Griswold 1425 Broadway #37 S 6. Committee Officers. List name, til | not accept more than \$300 in the TTING: I will use the Full Report Candidate may be treasurer. List Seattle, WA 98122 te and address. Continue on at | of \$ I will raise and spend no more the aggregate from any contributor except mysting system. I will file the frequent, detailed on the deputy treasurers on attached sheet. 2 2 2 2 2 3 3 4 4 5 5 5 6 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | elf, ampaign reports requi continues on attached sh efmition of "officer." | ired by law. | |
| 7. Campaign Bank or Depository US Bank | | Branch First Hill | | Cay Seattle | |
| Related or Affiliated Political Com | mittaes list name address an | | The state of the s | | |
| In the space below, provide conta- box or an out-of-area address. | ct information for scheduling an imber, City where campaign I | een 8 a.m. and 8 p.m. during the eight days b appointment and the address where the inspe books will be available for inspection | | | |
| In order to make an appointment, co | ontact the campaign at (telephor | ne, fax, e-mail): (425) 283 - 8772 | | voteforverde@gmail.com | |
| CERTIFICATION: I certify that this report is true, co | implete and correct to the best of | of my knowledge. | | | |
| Candidate's Signature | · | _ · | Date O | pril 25, 2008 | |
| Please advise us about which fo Statement (F-1) unless a current | ey x. V | inde | | | |