

Candidate Registration

DATE FILED PDC JUL 2 2 2008

	•		
Candidate's Name (Give candidate's full name.)			Telephone Number
KEVIN M RANKER			
Candidate's Committee Name (Do not abbreviate)			Fax Number
Citizens for Kevin Ranker			
Muiling Address		The state of the s	Candidate's E-Mail Address
PO Box 2901		,	kevin@kevinranker.com
City	County	ζıp + 4	Campaign E-Mail Address
Mount Vernon SKA	GIT 98	1273	info@kevinranker.com
1 What office are you running for?	Legislative District, County or City	Position No	Do you now hold this office?
STATE SENATOR	LEG DISTRICT 40 - SENATE		Yes No 🙀
2 Political party (if partisan office)		3 Date of general or specia	al election
DEMOCRAT		11/4/2008	
the reporting options below. If no box is check and changing reporting options. Option I MINIREPORTING: In addition to local voters pamphlets. I will not accept most option II FULL REPORTING: I will use the Treasurer's Name and Address. Does treasurer page for details. List deputy treasurers on attach LACY SWEIGART 1250 East Fairhaven Ave Burl	ed sheet. Cont	See instruction manuals for more than \$5,000, including impoself ampaign reports required by I WAC 390-85-243 and next niced on attached sheet	Daytime Telephone Number
RYAN WALTERS, CHAIR, 14669 SKY	enze expenditures or make decisions on your behalf Usi ISLAND LANE ANACORTES, WA, 982 AND DRIVE BELLINGHAM, WA, 98225	21	☐ Continued on ansched sheet City
Whidbey Island Bank	York Street		Bellingham
Related or Affiliated Political Committees - Ustina			Continued on stractied sheet
folidays. In the space below, provide contact info sost office box or an out-of-area address. Street Address, Room Number, City where car 151 STRAITSVIEW DRIVE Fri	· ·	where the inspection will take	ot Saturdays, Sundays, and legal place. It is not acceptable to provide a
15 CERTIFICATION:			

I certify that this report is true, complete and correct to the best of my knowledge

Candidate's Signature

O ate

7-18-08