PUBLIC DISCLO	SURE COMMISSION				DECENTED)
	711 CAPITOL WAY RM 206 PO BOX 40908	Candidate		CTI	RECEIVED RCE COUNTY AUDITOR
	OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828	Registration	DATE FILED	PD®	JAN 2 9 2009
Candidate's Name (Give	candidate's full name.)	1	JAN 30 20	09	Telephone Number
Candidate's Committee N	SA JEANNE ame (Do not abbreviate.)	Johnson			(253) 826 16 28
MELISSA		umissioner #7	CHARTER		Fax Number ( ) NONE
Mailing Address	IVISTA DRE		í		Candidate's E-Mail Address M 10hn Son 6279 @msn (0)
City	J VISIT DE C	County	Zip + 4	<del></del>	
Borneyla	H	Pierce	98291	-8609	Campaign E-Mail Address M ONNSON 8279 @ MYN LOM
1. What office are you		Legislative District, Count		Position No.	Do you now hold this office?
2. Political party (if par	ommissioner #7	PIERCE,	Benneylake	7	Yes No No
	·		To!	eneral or specia	300 2009
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 the reporting options.					
and changing reporti	ng options.	care and option in the	m reporting. See manuc.	ion manuals io	r information about reports required
Option I MINI REPORTING: In addition to my filing fee of \$, I will raise and spend no more than \$5,000, including any charges for inclusion in state and local voters pamphlets. I will not accept more than \$500 in the aggregate from any contributor except myself.					
Option II FULL REPORTING: I will use the Full Reporting system. I will file the frequent, detailed campaign reports required by law.					
<ol> <li>Treasurer's Name are page for details. List</li> </ol>	nd Address. Does treasurer perform of t deputy treasurers on attached sheet.	nly ministerial functions? Yes	No See WAC 390-05		Daytime Telephone Number
Dori Cr	rawford			madiod silgot,	(253) 988-9568
o. Persons who perfort	7 St.CtE. Born only ministerial functions on your bel	ney Lcuke, WA half and on behalf of other candida	98391	List name title	and address of these persons. See WAC
	t page for details.		•		Continued on attached sheet.
NONE					
*					
Committee Officers :	and other persons who authorize expe	nditures or make decisions on you	r hoholf Lint name 191	<del></del>	
7. Committee Officers and other persons who authorize expenditures or make decisions on your behalf. List name, title and address. See next page for definition of "officer."  Continued on attached sheet.					
100,12					
8. Campaign Bank or D	Depository	Branch			City
NONE	-2ero \$		grent, w	ite-in	candidate.
Related or Affiliated	Political Committees. List name, addre	ess and relationship.			Continued on attached sheet.
NO CHAI	CTBR 9100 1994	have CtE, Bon	DELLIAVE ILLA	18291	Treasurero.
nondayo. In the opuc	ist be open to the public by appointmence below, provide contact information for	nt between 8 a.m. and 8 a.m. duri	ng the eight days before the the address where the ins	e election, excep	ot 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.					
11/4 0020					
11. CERTIFICATION:			826.jb28		V* 10011
Candidate's Signat	rt is true, complete and correct to the ture	pest of my knowledge.	Date		
VIII	issuchien	Holissk Ell	lu	1-2	7-2009
				S	EE INSTRUCTIONS ON NEXT PAGE