

Candidate Registration

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FEB - 5 2009

			Public Disclosure
Candidate's Name (Give candidate's full name.)			Telephone Gong pission
Reuven Carlyle			(206) 286-9663
Candidate's Committee Name (Do not abbreviate.)	_		Fax Number
Reuven Carlyle for State	Representative		
Mailing Address			Candidate's E-Mail Address
P.O. Box 9100	- Country	7in 1 4	reuven@carlylegroup.com
City	County King	Zip + 4 98109	Campaign E-Mail Address mail@reuvencarlyle.com
Seattle 1. What office are you running for?	Legislative District, County or City	Position No.	Do you now hold this office?
State Representative	36	1	Yes No No
Political party (if partisan office)		3. Date of general or speci 11/2/2010	al election
Democrat 4. How much do you plan to spend during your of the spend dur			and an that patimata abassa and
the reporting options below. If no box is check and changing reporting options. Option I MINI REPORTING: In addition to and local voters pamphlets. I will not accept	ed you are obligated to use Option II, Full Reporting the proof of the	ng. See instruction manuals no more than \$5,000, includin except myself.	for information about reports require g any charges for inclusion in state
	e Full Reporting system. I will file the frequent, detailed		
page for details. List deputy treasurers on attach		ee WAC 390-05-243 and nex Continued on attached sheet.	Daytime Telephone Number
Jason Bennett, PO Box 9100 S	eattle WA 98109		(206) 325-5013
 Persons who perform only ministerial functions of WAC 390-05-243 and next page for details. sheet. 	n your behalf <u>and</u> on behalf of other candidates or polit		☐ Continued on attached
 Committee Officers and other persons who authored No one at this time. 	rize expenditures or make decisions on your behalf. L	ist name, title and address. S	ee next page for definition of "officer." Continued on attached shee
8. Campaign Bank or Depository Wells Fargo	Branch Seattle		City Seattle
Related or Affiliated Political Committees. List na	ame, address and relationship.		Continued on attached shee
holidays. In the space below, provide contact inf a post office box or an out-of-area address. Street Address, Room Number, City where ca 2633 Eastlake Ave E Suite 101, Se	eattle, WA 98103 npaign at (telephone, fax, e-mail): (206) 325-501	ss where the inspection will ta	ke place. It is not acceptable to provide
Candidate's Signature	Set to the best of the kilowieuge.	Date 2 -)	~ a 9