

**Candidate  
 Registration**

**C1**  
 (1/2008)

**DATE FILED PDC**  
**JUN 15 2009**

Candidate's Name (Give candidate's full name.) <b>BOB MC CASLIN</b>		Telephone Number <b>(509) 928 5060</b>
Candidate's Committee Name (Do not abbreviate.) <b>COMMITTEE TO ELECT MC CASLIN FOR COUNCIL</b>		Fax Number <b>(509) 928 4000</b>

Mailing Address <b>PO BOX 1384</b>	Candidate's E-Mail Address <b>NONE</b>
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City <b>VERA DALE</b>	County <b>USPOKANE</b>	Zip + 4 <b>99037</b>	Campaign E-Mail Address <b>NONE</b>
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1. What office are you running for? <b>CITY OF SPOKANE VALLEY</b>	Legislative District, County or City	Position No.	Do you now hold this office? Yes <input type="checkbox"/> No <input type="checkbox"/>
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2. Political party (if partisan office)	3. Date of general or special election
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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 reports required and changing reporting options.

**Option I MINI REPORTING:** In addition to my filing fee of \$ 90<sup>00</sup>, 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.

5. Treasurer's Name and Address. Does treasurer perform <u>only</u> ministerial functions? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> . See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. sheet: <b>HERB MCINTOSH 10424 E. CENTRAL SPOKANE WA 99217</b>	Daytime Telephone Number <b>(509) 928 8328</b>
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6. Persons who perform only ministerial functions on your behalf and on behalf of other candidates or political committees. List name, title and address of these persons. See WAC 390-05-243 and next page for details.  
sheet: **NONE**

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."  
sheet: **NONE**


8. Campaign Bank or Depository <b>MOUNTAIN WEST BANK 101 IRONWOOD DR COEUR D'ALENE ID 83814</b>	Branch <b>15606 ESPRAGUE SPOKANE VALLEY 99216</b>	City <b>SPOKANE VALLEY</b>
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9. Related or Affiliated Political Committees. List name, address and relationship.  
sheet: **NONE**

10. Campaign books must be open to the public by appointment between 8 a.m. and 8 p.m. during the eight days before the election, except 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  
**10424 E CENTRAL SPOKANE WA 99217**  
 In order to make an appointment, contact the campaign at (telephone, fax, e-mail): **(509) 928 8328**

11. **CERTIFICATION:**  
 I certify that this report is true, complete and correct to the best of my knowledge.

Candidate's Signature  


Date **6-9-09**