

 PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40808 OLYMPIA WA 98504-8908 (360) 753-1111 Toll Free 1-877-601-2828		Candidate Registration		C1 (1/2008)	DATE FILED PDC JUN 29 2009
Candidate's Name (Give candidate's full name.) THOMAS H. ANDERSON				Telephone Number (360) 697-3838	
Candidate's Committee Name (Do not abbreviate.) _____				Fax Number ()	
Mailing Address 17667 NOLL RD NE				Candidate's E-Mail Address fizix4u@comcast.net	
City POULSBO		County KITSAP		Zip + 4 98370	
1. What office are you running for? NORTH KITSAP SCHOOL DIRECTOR		Legislative District, County or City KITSAP		Position No. Do you now hold this office? # 1 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. Political party (if partisan office) _____			3. Date of general or special election Nov. 3, 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 reports required and changing reporting options.					
<input checked="" type="checkbox"/> Option I MINI REPORTING: In addition to my filing fee of \$ <u>0</u> , 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.					
<input type="checkbox"/> 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 ___ No ___ See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. NONE				Daytime Telephone Number ()	
6. Persons who perform only ministerial functions on your behalf <u>and</u> 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. <input type="checkbox"/> Continued on attached 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. <input type="checkbox"/> Continued on attached sheet. NONE					
8. Campaign Bank or Depository NONE		Branch		City	
9. Related or Affiliated Political Committees. List name, address and relationship. sheet. <input type="checkbox"/> Continued on attached 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 17667 NOLL RD NE POULSBO. WA 98370 In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (360) 697-3838					
11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge. Candidate's Signature Thomas H. Anderson Date 6/29/09					

SEE INSTRUCTIONS ON NEXT PAGE