

## Candidate Registration

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## RECEIVED

APR 29 2010

|   | TON PIGE 1-9//-001-2825   |                                    |  |  |
|---|---|------------------------------------|--|--|
| Can   | didate's Name (Give candidate's full name.)   |                                    |  | Telepholicon incolorure Commissio                                      |
| Shawn D. Myers  |   |                                    | (360) 556-1048   |  |
| Candidate's Committee Name (Do not abbreviate.)   |   |                                    |  | Fax Number   |
|   | Friends to Elect Shawn Myers  |                                    |  | ( )  |
| Mailing Address   |   |                                    |  | Candidate's E-Mail Address   |
| 5201 Capitol Blvd, PMB #146   |   |                                    |  | electshawnmyers@comc<br>ast.net  |
| City  |   |                                    |  | Campaign E-Mail Address  |
|   | Olympia Thursto   | n                                  | 98501  | same   |
| 1.  | What office are you running for? Legisl   | lative District, County or City    | Position No.   | Do you now hold this office?   |
|   | Thurston County Treasurer T   | Thurston County                    |  | Yes L No X   |
| 2.  | Political party (if partisan office)  |                                    | 3. Date of general or speci                                | al election  |
|   | Democrat  |                                    | 11/02/2010   |  |
| 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 \$ , 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.  |   |                                    |  |  |
| X 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 only ministerial page for details. List deputy treasurers on attached sheet. |                                    | ee WAC 390-05-243 and next<br>Continued on attached sheet. | Daytime Telephone Number   |
|   | Mahona Sampson, 419 Bellhaven Crt, Tumwa  | ater, Wash 98501                   |  | (360) 352-9311   |
|   | 390-05-243 and next page for details.   |                                    |  |  |
| 7.  | Committee Officers and other persons who authorize expenditures or ma   | ake decisions on your behalf. List | name, title and address. Se                                | e next page for definition of "officer."  Continued on attached sheet. |
| 8.  | Campaign Bank or Depository   | Branch                             |  | City   |
|   | Washington State Employee Credit Union  | Tumwater                           |  | Tumwater   |
| 9.  | Related or Affiliated Political Committees. List name, address and relation   | onship.                            |  | Continued on attached sheet.   |
| 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, Sur holidays. In the space below, provide contact information for scheduling an appointment and the address where the inspection will take place. It is not a post office box or an out-of-area address.  |   |                                    |  |  |
| Street Address, Room Number, City where campaign books will be available for inspection 419 Bellhaven Crt, Turnwater, Wash 98501  |   |                                    |  |  |
|   | In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (360-352-9311                                  |                                    |  |  |
| 11.   | CERTIFICATION:  certify that this report is true, complete and correct to the best of my knowledge.  Candidate's Signature  Date  |                                    |  |  |
|   | Stand Muses   |                                    | 4/28/10  | ,  |
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