

## Candidate Registration

C1

## **DATE FILED PDC**

	OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828	Registration	(1/2008)	MAY 19 2010
Candidate's Name (Give candidate's full name.)  David Frockt				(206) 957-9519
Candidate's Committee Name (Do not abbreviate.)				Fax Number
Friends of David Frockt				(206) 381-8597
Mailing Address PO Bo	x 2114			Candidate's E-Mail Address dsfrockt@hotmail.com
City		County	Zip + 4 98111-2114	Campaign E-Mail Address
Seattle	re you running for?	King  Legislative District, County or City	Position No.	Do you now hold this office?
_	Representative	46	1	Yes No
	(if partisan office)		3. Date of general or speci	al election
	Democrat  November 2, 2  much do you plan to spend during your entire election campaign, including the primary and general elections? E			
and changing ro	eporting options.  MINI REPORTING: In addition to my ers pamphlets. I will not accept more the	you are obligated to use Option II, Full Reporting  r filing fee of \$, I will raise and spend no spend from any contributor excelul Reporting system. I will file the frequent, detailed	o more than \$5,000, including ot myself.	any charges for inclusion in state and
	Treasurer's Name and Address. Does treasurer perform only ministerial functions? Yes No_x See WAC 390-05-243 and repage for details. List deputy treasurers on attached sheet Continued on attached sheet			Bayame relephone (varioe)
Philip Llo	Philip Lloyd 603 Stewart Street #819 Seattle, WA 98101			(206) 382-5552
7. Committee O	fficers and other persons who authorize	e expenditures or make decisions on your behalf. Lis	st name, title and address. Se	ee next page for definition of "officer."  Continued on altached sheet.
	ank or Depository  of America	Branch Seattle Business Bar	nking Center	City Seattle
	filiated Political Committees. List name	address and relationship.	···	Continued on attached sheet.
holidays. In t post office bo Street Addre 603 Stew In order to ma	the space below, provide contact informox or an out-of-area address.  Sess, Room Number, City where campairant Street #819 Seattle, Waske an appointment, contact the campair		s where the inspection will tak	
11. CERTIFICATI I certify that if Candidate's	his report is true, complete and correct t	to the best of my knowledge.	Date 5-/9-/0	