C.	PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 208	Candi	date		C1	DATE FILED PDC
	PO BOX 49908 OL YIMPIA WA 88504-0908 (360) 783-1111 Toli Free 1-877-601-2828	Regist	tration		(1/2008)	JUL 032010
Can	didate's Name (Give candidate's full name.)		* .			Telephone Number
	Elizaboth B Penoya dididate's Committee Name (Do not abbreviate.)	<i>y</i>				(360) 8755324 Fax Number
	Elizabeth Peno	Lar				(360) 8755548
Mai	ling Address					Candidate's E-Mail Address
City	B0x 423	County _		Zip + 4		Denouna Contract VICL VIET
	Souon Bend	Pacifi	C	9858	6	
1.	What office are you running for?	Legistativ	ve District, County or City		Position No.	Do you now hold this office? Yes No
2.	Nova Distact Court J Political party (if partisan office)	vage_		3. Date of o	jeneral or specia	
	, (, , , , , , , , , , , , , , , , , ,	U			NOV 1	δ
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 and local voters parmphlets. I will not accept more the	g fee of \$ <u>56</u> \$ nan \$500 in the ag	/ I will raise and spend agregate from any contributo			g any charges for inclusion in state
	Option II FULL REPORTING: I will use the Full Re	porting system. I	will file the frequent, detaile	d campaign re	ports required b	y taw.
5.	Treasurer's Name and Address. Does treasurer perform next page for details. List deputy treasurers on attached		inctions? Yes X No		05-243 and ued on attached	Daytime Telephone Number
	sheet		Ociona in in		ued on attached	(360)8755321
	Ell2	easun	Penapr			
6.	Persons who perform only ministerial functions on your be WAC 390-05-243 and next page for detaits.	ehalf <u>and</u> on beha	alf of other candidates or pol	itical committee	es. List name, t	itie and address of these persons. See
	Elizabeth Penoyar					
7.	Committee Officers and other persons who authorize exp	enditures or make	e decisions on your behalf.	List name, title	and address. S	
	sheet					Continued on attached
Elizabeth Penoyar						
1						
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ĺ						
8.	Campaign Bank or Depository		Branch			City
	Security State	Bank	SouthBe	end br	anch	Soun Bend
9.	Related or Affiliated Political Committees. List name, add sheet.	tress and relations	ship.			Continued on attached
	none					
						· · · · · · · · · · · · · · · · · · ·
10.	Campaign books must be open to the public by appointmental holidays. In the space below, provide contact information					
	a post office box or an out-of-area address.			ou. Ma	and Observed	+ Birlo Os
	Street Address, Room Number, City where campaign (books will be av	ailable for inspection (D4 WE	oc nube	et Bush Or 3009h Bend
	In order to make an appointment, contact the campaign at	t (telephone, fax,	e-mail): (360) 87	<u>55 32</u>		
11.	CERTIFICATION: I certify that this report is true, complete and correct to the	e best of my know	ledge.	•	, 1	
	Candidate's Signature			Date r	1/3/10	
	- S/abetr	Hen				
		7			S	EE INSTRUCTIONS ON NEXT PAGE