

Candidate Registration

C1 (1/2008)

DATE FILED PBC

FFR - 4 2011

10/1 Free 1-017-001-7070			LED 11 to 11
Candidate's Name (Give candidate's full name.)			Telephone Number
			(206) 286-9663
Reuven Carlyle Candidate's Committee Name (Do not abbreviate.)			Fax Number
	la.		()
Friends of Reuven Carly	ie		Candidate's E-Mail Address
Mailing Address			reuven@carlylegroup.com
PO Box 9100		Zip + 4	Campaign E-Mail Address
City	County	98109	mail@reuvencarlyle.com
Seattle	King		Do you now hold this office?
What office are you running for?	Legislative District, County or City 36	Position No. 1	Yes No
State Representative	30	·	
Political party (if partisan office)		3. Date of general or speci	al election
Democrat		11/6/2012	
the reporting options below. If no box is chec and changing reporting options. Ontion I MINI REPORTING: In addition to	entire election campaign, including the primary a ked you are obligated to use Option II, Full Reporting on my filing fee of \$, I will raise and spend	ng. See Instruction manuals	for information about reports required
and local voters pamphlets. I will not accept	ot more than \$500 in the aggregate from any contributor	except myself.	
Option II FULL REPORTING: 1 will use the	ne Full Reporting system. I will file the frequent, detailed	d campaign reports required b	y law.
Treasurer's Name and Address. Does treasurer page for details. List deputy treasurers on attact.	r perform <u>only</u> ministerial functions? Yes _X_ No Sined sheet.	ee WAC 390-05-243 and nex Continued on attached sheet.	
Jason Bennett			(206) 325-5013
PO Box 9100			,
Seattle, WA 98109			
	on your behalf <u>and</u> on behalf of other candidates or polit		
None at this time			
7. Committee Officers and other persons who auth	norize expenditures or make decisions on your behalf.	List name, title and address.	See next page for definition of "officer." Continued on attached sheet.
None at this time			
8. Campaign Bank or Depository	Branch		City
Wells Fargo	University Dis	strict	Seattle
Related or Affiliated Political Committees. List	name, address and relationship.		Continued on attached sheet.
	y appointment between 8 a.m. and 8 p.m. during the eig	sht dave before the election.	ycent Saturdays, Sundays, and legal
holidays. In the space below, provide contact a post office box or an out-of-area address.	information for scheduling an appointment and the addi	ress where the inspection will	take place. It is not acceptable to provide
123 NW 36 th Street Ste 203, Sea		013, info@argostrate	gies.com
In order to make an appointment, contact the contact t	ampaign at (telephone, lax, e-mail). (200) 320 00	,	
I certify that this report is true complete and a	orreo to the best of my knowledge.	Date 431	n ~
	<u>X</u>		SEE INSTRUCTIONS ON NEXT PAG
-	1 		