

## Candidate Registration

<b>C1</b>					
(11/10)					

DATE FILED PDC

.1111 - 5 2011

RICITORD TURBO	<b>!</b>			JUL - 2 ZUII		
Candidate's Name (Give candidate's full name.)		The state of the s		Telephone Number		
				(360) 632-9523		
Candidate's Committee Name (Do not abbreviate	e.)			Fax Number		
po pox 163				( )		
Mailing Address  (AUS MANN)	ISLAM	9823	3 0163	Candidate's E-Mail Address  It is the New PLO Yellow. W.		
City	County	Zip -		Campaign E-Mail Address		
What office are you running for?	Legislative D	istrict, County or City	Position No.	Do you now hold this office?		
PORT commissioner	1SLA)	vol/ fortor conjulic G	#3	Yes No		
Political party (if partisan office)     3. Date of general or special election						
How much do you plan to spend during the reporting options below. If no box is and changing reporting options.  Option I MINI REPORTING: In add.	checked you are obligated to use	Option II, Full Reporting. See in	nstruction manuals than \$5,000, including			
and local voters pamphlets. I will not		• •	•			
Option II FULL REPORTING: I will i				y iaw.		
<ol> <li>Treasurer's Name and Address. Does trea next page for details. List deputy treasurer</li> </ol>			390-05-243 and Continued on attached	Daytime Telephone Number		
sheet.		_		( )		
<ol> <li>Persons who perform only ministerial funct WAC 390-05-243 and next page for details sheet.</li> </ol>		f other candidates or political com	mittees. List name,	itle and address of these persons. See  Continued on attached		
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.				·		
8. Campaign Bank or Depository		Branch		City		
Related or Affiliated Political Committees.     sheet.	List name, address and relationship		· · · · · · · · · · · · · · · · · · ·	Continued on attached		
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						
In order to make an appointment, contact the campaign at (telephone, fax, e-mail): ( ) 632-9523						
11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge.						
Candidate's Signature  Will  Date  2001						
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