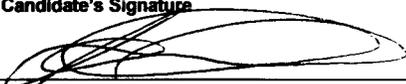


PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WAY RM 206 PO BOX 48908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828		Candidate Registration	C1 (11/10)	DATE FILED PDC JUL 12 2011
Candidate's Name (Give candidate's full name.) Scott W McDougall			Telephone Number (360) 875 8003	
Candidate's Committee Name (Do not abbreviate.) N/A			Fax Number ()	
Mailing Address P.O. Box 1222			Candidate's E-Mail Address Zugrescd@comcast.net	
City South Bend	County WA	Zip + 4 98586	Campaign E-Mail Address Zugrescd@comcast.net	
1. What office are you running for? Pacific County Hospital District # 2 Commissioner		Legislative District, County or City	Position No.	Do you now hold this office? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. Political party (if partisan office) Non partisan		3. Date of general or special election		
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.				
<input checked="" type="checkbox"/> 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.				
<input type="checkbox"/> 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 functions? Yes ___ No ___ See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet.			Daytime Telephone Number	
No Treasurer I will not spend as I am unopposed			()	
6. Persons who perform only ministerial functions on your behalf and on behalf of other candidates or political committees. List name, title and address of these persons. See WAC 390-05-243 and next page for details.				
N/A				
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.				
N/A				
8. Campaign Bank or Depository N/A		Branch N/A	City	
9. Related or Affiliated Political Committees. List name, address and relationship. sheet.				
Scott McDougall For Pacific County Commissioner P.O. Box 1222 South Bend WA				
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 1602 W Water Street South Bend WA 98586 In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (360) 875 8003				
11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge.				
Candidate's Signature 			Date 7/11/2011	