| PUBLICDISCLOSURE COMMISSION | | | DATE FILED POC |
|---|--|---|--|
| 744 CARLTON WAY BU 200 | Candidate | | DWILLETT |
| PO 80X 40908 | | (:1 | |
| OLYMPIA WA 98504-0908 (360) 753-1111 | Registration | | JUL 2 1 2011 |
| Toll Free 1-877-601-2828 | 3.23.44.47. | (11/10) | 101 21 7011 |
| · | | | |
| Candidate's Name (Give candidate's full name.) | | <u>. </u> | 1 |
| | f | | Telephone Number |
| JERRY FRANKIN A | TORRIS | | (509) 627-2394 |
| Candidate's Committee Name (Do not abbreviate.) | <u> </u> | ** | Fax Number |
| 17 | | | / ax Number |
| | | | |
| Mailing Address | | | Candidate's E-Mail Address |
| 28804 5 887 PR | SE Kennewick WA | | Smarris 3146 AOL |
| City | County | (ip + 4 | Campaign E-Mail Address |
| Kennewick | Kantoni. Gazza | 1100 | J. J. |
| What office are you running for? | Bentent 99331 Legislative District, County or City |) - ///8 | 1/074 |
| | Legislative District, County or City | Position No. | Do you now hold this office? |
| FIRE COMMISSIONER | Benton County Fine Los | 4 Z | Yes 📙 No 🔀 |
| Political party (if partisan office) | | Date of general or speci | al election |
| - wine a second | | - , | |
| 4. How much do you plan to spond during your entire | algetics compains including the | | |
| How much do you plan to spend during your entire the reporting options below. If no box is checked yo | election campaign, including the primary and go | eneral elections? Bas | sed on that estimate, choose one of |
| and changing reporting options. | d are obligated to use Option II, Full Reporting. Se | e instruction manuals | for information about reports required |
| | · | | |
| Option I MINI REPORTING: In addition to my fil | ing fee of \$, I will raise and spend no mo | re than \$5,000, including | g any charges for inclusion in state |
| and local voters pamphlets. I will not accept more | than \$500 in the aggregate from any contributor except | ot myself. | g any one goo for moreon in state |
| Option ! FULL REPORTING: I will use the Full F | Reporting system. I will file the frequent, detailed camp | naion reports required by | , law |
| | | | iaw. |
| 5. Treasurer's Name and Address. Does treasurer perform | n <u>only</u> ministerial functions? Yes No See WA | C 390-05-243 and | Daytime Telephone Number |
| next page for details. List deputy treasurers on attached sheet | | Continued on attached | |
| | | ľ | (·) |
| Monce. | | | \ |
| | | j | |
| 6. Persons who perform only ministerial functions on your t | pehalf and on behalf of other candidates or political co | mmittees. List name, tit | le and address of these persons. See |
| WAC 390-05-243 and next page for details. | · | -, | ☐ Continued on attached |
| sheet. | | | |
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| , , , , , | | | |
| 7. Committee Officers and other persons who authorize exc | to the same of the | 7° | |
| 7. Committee Officers and other persons who authorize exp | penditures or make decisions on your behalf. List nam | e, title and address. Se | |
| sheet. | | | ☐ Continued on attached |
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| | | | |
| . Campaign Bank or Depository | Branch | | City |
| Carlo And Art Co | 1.0 // / | | |
| OESA CREDIT Union | Rich Cand, wo | · . | Richland |
| Related or Affiliated Political Committees. List name, addr | ress and relationship. | | ☐ Continued on attached |
| sheet. | | | |
| J. En | | | |
| , 00 | | | |
| Campaign books must be open to the public by appointment | of hetween 9 a m. and 9 a m. during the circle days be | f 45 1 - 1' | |
| holidays. In the space below, provide contact information f | or scheduling an appointment and the address where | fore the election, except the inspection will take t | Saturdays, Sundays, and legal |
| a post office box or an out-of-area address. | 3 | the inspection will take j | prace. It is not acceptable to provide |
| Street Address Room Number Chumbers committee b | ooke will be evallable for to a | | |
| Street Address, Room Number, City where campaign b ス8804 S 887 PR SE | purs will be available for inspection | | } |
| | | | 1 |
| In order to make an appointment, contact the campaign at (| telephone, fax, e-mail): (| | |
| CERTIFICATION: | and of multiplicate | | |
| I certify that this report is true, complete and correct to the b | | | |
| Candidate's Signature | Date | , | 1 |
| 11 - | -/ | <i>(</i> | |
| Jens T | 7/19/ | / 1 | • |