

 <b>PUBLIC DISCLOSURE COMMISSION</b> 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828		<b>Candidate Registration</b>	<b>C1</b> (1/2008)	100450498  02-06-2012	
Candidate's Name (Give candidate's full name.) CHARLOTTE GARRIDO			Telephone Number (360) 447-7386		
Candidate's Committee Name (Do not abbreviate.) CITIZENS TO ELECT CHARLOTTE GARRIDO			Fax Number (253) 857-6744		
Mailing Address PO BOX 511			Candidate's E-Mail Address INFO@CHARLOTTEGARRIDO.CO		
City OLALLA		County KITSAP	Zip + 4 98359	Campaign E-Mail Address INFO@CHARLOTTEGARRIDO.CO	
1. What office are you running for? COUNTY COMMISSIONER		Legislative District, County or City KITSAP CO	Position No. 2	Do you now hold this office? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. Political party (if partisan office) DEMOCRAT		3. Date of general or special election 11/06/2012			
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. <b>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.</b>					
<input type="checkbox"/> <b>Option I MINI REPORTING:</b> 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 checked="" type="checkbox"/> <b>Option II FULL REPORTING:</b> 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 <u>only</u> ministerial functions? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> . See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. CARL OLSON 1971 JACKSON AVE. SE, PORT ORCHARD WA 98366-3458			<input type="checkbox"/> Continued on attached sheet. Daytime Telephone Number (360) 329-6706		
6. Persons who perform only ministerial functions on your behalf <u>and</u> 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. <input type="checkbox"/> Continued on attached sheet.					
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." <input type="checkbox"/> Continued on attached sheet. RAY GARRIDO, CAMPAIGN MGR, 10680 OLALLA VALLEY RD, OLALLA WA 98359					
8. Campaign Bank or Depository KITSAP BANK		Branch BETHEL AND LUND	City PORT ORCHARD		
9. Related or Affiliated Political Committees. List name, address and relationship. <input type="checkbox"/> Continued on attached sheet.					
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.					
<b>Street Address, Room Number, City where campaign books will be available for inspection</b> 19680 OLALLA VALLEY ROAD, OLALLA In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (360) 447-7386 (253) 857-6744					
11. <b>CERTIFICATION:</b> I certify that this report is true, complete and correct to the best of my knowledge.					
Candidate's Signature CHARLOTTE GARRIDO			Date 02-06-2012		