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| PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828 | | <h1>Candidate Registration</h1> | | <h1>C1</h1> (1/2008) | 100456123 AMENDS 1001272512 03-15-2012 |
| Candidate's Name (Give candidate's full name.) | | | | Telephone Number | |
| MARK G SCHOESLER | | | | 509-659-1774 | |
| Candidate's Committee Name (Do not abbreviate.) | | | | Fax Number | |
| SENATE COMMITTEE FOR MARK SCHOESLER | | | | 509-659-0631 | |
| Mailing Address | | | | Candidate's E-Mail Address | |
| 1588 E ROSENOFF RD | | | | KKRAGT@LEFFFELOTISWARWICK | |
| City | | County | | Zip + 4 | |
| RITZVILLE | | ADAMS | | 99169 | |
| Campaign E-Mail Address | | | | KKRAGT@LEFFFELOTISWARWICK | |
| 1. What office are you running for? | | Legislative District, County or City | | Position No. Do you now hold this office? | |
| STATE SENATOR | | LEG DISTRICT 09 - SENATE | | NA Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 2. Political party (if partisan office) | | | 3. Date of general or special election | | |
| REPUBLICAN | | | 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. 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 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 checked="" 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 <u>only</u> ministerial functions? Yes ___ No <input checked="" type="checkbox"/> . See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. | | | | Daytime Telephone Number | |
| JAMES H LEFFEL 219 WEST MAIN, RITZVILLE WA 99169 | | | | 509-659-0125 | |
| <input type="checkbox"/> Continued on attached sheet. | | | | | |
| 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. | | | | | |
| DR. WARREN KRAGT, CHAIRMAN, 116 E MAIN, RITZVILLE WA 99169 JAMES H LEFFEL, TREASURER, 219 W MAIN, RITZVILLE WA 99169 KELLIE KRAGT, ASST. TREASURER, 219 W MAIN, RITZVILLE WA 99169 | | | | | |
| 8. Campaign Bank or Depository | | | Branch | | City |
| BANK OF WHITMAN | | | RITZVILLE | | RITZVILLE |
| 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. | | | | | |
| Street Address, Room Number, City where campaign books will be available for inspection 219 WEST MAIN, RITZVILLE In order to make an appointment, contact the campaign at (telephone, fax, e-mail): 509-659-0125 509-659-0631 | | | | | |
| 11. CERTIFICATION: | | | | | |
| I certify that this report is true, complete and correct to the best of my knowledge. | | | | | |
| Candidate's Signature | | | | Date | |
| MARK G SCHOESLER | | | | 03-15-2012 | |