PUBLICDISCLOSU	JRE COMMISSION				
Ode	711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111	Candidate Registration		C1	100487381
	Toll Free 1-877-601-2828	C		(1/2008)	09-05-2012
Candidate's Name (Give o	andidate's full name.)			<u> </u>	Telephone Number
SCOTT M LANCASTER					360-376-2065
Candidate's Committee Name (Do not abbreviate.)					Fax Number
ELECT SCOTT LANCASTER					360-376-3840
Mailing Address					Candidate's E-Mail Address
477 MC NALLIE	LN				OIHSCOTT@HOTMAIL.COM
City	County Zip + 4			Campaign E-Mail Address	
EASTSOUND	SAN	JUAN	98245		OIHSCOTT@ORCASONLINE.do
What office are your	running for?	Legislative District, County	or City	Position No.	Do you now hold this office?
COUNTY COUNCIL	MEMBER	SAN JUAN CO		4	Yes No X
2. Political party (if part	isan office)		3. Date of	f general or speci	al election
NON PARTISAN				-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 reportin	ig options.				
Option I MINI REPORTING: In addition to my filing fee of \$337.19. 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.					
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 an	nd Address. Does treasurer perfo	rm only ministerial functions? Yes X	No . See WAC 39	0-05-243 and	Daytime Telephone Number
next page for details. List deputy treasurers on attached sheet.					
THERESE LANCASTER 477 MC NALLIE LN, EASTSOUND WA 98245					360-376-2065
	n only ministerial functions on you d next page for details.	ır behalf <u>and</u> on behalf of other candida	tes or political commit	tees. List name, t	itle and address of these persons. See Continued on attached sheet.
Wite ede de E le all	a noxt page for detaile.				Gontinaed on attached sheet.
7. Committee Officers a	and other persons who authorize	expenditures or make decisions on you	behalf. List name, ti	le and address.	
					Continued on attached sheet.
0	Name a 19 a mar.	Durant			City
8. Campaign Bank or D	pepository	Branch			City
ISLANDERS BANK		EASTSOUN	D		EASTSOUND
9. Related or Affiliated	Political Committees. List name,	address and relationship.			Continued on attached sheet.
		ntment between 8 a.m. and 8 p.m. durin			
	ce below, provide contact informa an out-of-area address.	tion for scheduling an appointment and	the address where th	e inspection will ta	ake place. It is not acceptable to provide
!		an hooke will be available for incree	tion		
	LIE LN, EASTSOUND	gn books will be available for inspec	uon		

In order to make an appointment, contact the campaign at (telephone, fax, e-mail):360-376-2065 360-376-3840 OIHSCOTT@ORCASONLINE.COM

Date 09-05-2012

11. CERTIFICATION:

I certify that this report is true, complete and correct to the best of my knowledge.

Candidate's Signature

SCOTT M LANCASTER