


PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828		Candidate Registration		C1 (1/2008)		100506765 12-14-2012	
Candidate's Name (Give candidate's full name.)					Telephone Number		
CHRISTINE ROLFES					206-842-8029		
Candidate's Committee Name (Do not abbreviate.)					Fax Number		
PEOPLE TO REELECT CHRISTINE ROLFES							
Mailing Address					Candidate's E-Mail Address		
PMB 118, 19689 7TH AVE NE					CROLFES@SOUNDDSL.COM		
City		County		Zip + 4		Campaign E-Mail Address	
POULSBO		KITSAP		98370		CROLFES@SOUNDDSL.COM	
1. What office are you running for?		Legislative District, County or City		Position No.		Do you now hold this office?	
STATE SENATOR		LEG DISTRICT 23 - SENATE		NA		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. Political party (if partisan office)				3. Date of general or special election			
DEMOCRAT				11/08/2016			
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		
ALVIN F ANDRUS PO BOX 2140, POULSBO WA 98370					360-697-4954		
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.							
8. Campaign Bank or Depository				Branch		City	
WELL FARGO BANK				POULSBO		POULSBO	
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 700 SHOREWOOD CT. NE, POULSBO In order to make an appointment, contact the campaign at (telephone, fax, e-mail): 360-697-4954 ANDRUS@EMBAROMAIL.COM							
11. CERTIFICATION:							
I certify that this report is true, complete and correct to the best of my knowledge.							
Candidate's Signature					Date		
CHRISTINE ROLFES					12-14-2012		