PO OL	1 CAPITOL WAY RM 206 BOX 40908 YMPIA WA 98504-0908 10) 753-1111	Candidate Registratior	1	C1	100507427
То	ll Free 1-877-601-2828			(1/2000)	01-02-2013
andidate's Name (Give cand	idate's full name.)			1	Telephone Number
Y INSLEE					206-533-0575
ndidate's Committee Name	(Do not abbreviate.)				Fax Number
Y INSLEE FOR W	ASHINGTON				206-381-8597
illing Address					Candidate's E-Mail Address
BOX 21067					INFO@JAYINSLEE.COM
у		County	Zip + 4		Campaign E-Mail Address
CATTLE	KIN		98111	Docition No.	info@jayinslee.com
What office are you runn	ing for?	Legislative District, Con		Position No.	Do you now hold this office? Yes \overline{X} No $\overline{\Box}$
OVERNOR Political party (if partisan	office)	GOVERNOR, OFFICE		NA general or spec	
, , , ,	onice)				sial election
EMOCRAT	o enond during your onti	re election campaign, including	the primary and general		ased on that estimate, choose one
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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

603 STEWART ST SUITE 819, SEATTLE

In order to make an appointment, contact the campaign at (telephone, fax, e-mail):206-382-5552 206-381-8597 PHIL@SEATLECFO.COM

11. CERTIFICATION:

JAY INSLEE

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

Candidate's Signature

Date

01-02-2013