RECEIVED



Candidate Registration

C1

JAN 15 2013

SEE INSTRUCTIONS ON NEXT PAGE

	(360) 753-1111 Toli Free 1-877-601-2828	, g	(1/12)	Public Disclosure Commission
Can	didate's Name_(Give candidate's full name.)		I	Telephone Number
	aral Person	•		360 1434-6868
Can	didate's Committee Name (Do not abbreviate.)			Fax Number
Fi	and for Carollegon End	cratory Committee for Thursto	a Court heli	in ()
Maili	ng Address	<u>Musiai Y Varimi HEE FOR MUISIO</u>	<u>n caunty muant</u>	Candidate's E-Mail Address
7	125 32 1 SF	•	·	Caro De Cono Co monst IN
City	21	Coupty	Zip + 4	Campaign E-Mail Address
	////	Thurston	995721	oumpaign 2 main Address
1.	What/office are you running for?	Legislative District, County or City	Position No	. Do you now hold this office?
	,			Yes No No
2.	Palitical party (if partisan office)		3. Date of general or sp	pecial election
•	Venublican			
4. H	low thuch do you plan to spend during your entire	e election campaign, including the primary ar	nd general elections?	Based on that estimate, choose one of
ti	ne reporting options below. If no box is checked you changing reporting options.	ou are obligated to use Option II, Full Reporting	g. See instruction manu	als for information about reports required
,	Option I MINI REPORTING: In addition to my finand local voters pamphlets. I will not accept more	filing fee of \$, I will raise and spend network than \$500 in the aggregate from any contributor	o more than \$5,000, incluexcept myself.	uding any charges for inclusion in state
	Option II FULL REPORTING: I will use the Full	Reporting system. I will file the frequent, detailed	campaign reports require	d by law.
5.	Treasurer's Name and Address. Does treasurer perfonent page for details. List deputy treasurers on attach-		ee WAC 390-05-243 and	Daytime Telephone Number
	sheet.			
6.	Persons who perform only ministerial functions on you WAC 390-05-243 and next page for details. sheet.	ur behalf <u>and</u> on behalf of other candidates or p oliti	cal committees. List nam	ne, title and address of these persons. See
7.	Committee Officers and other persons who authorize of	expenditures or make decisions on your behalf. Li	st name, title and address	
	sheet.		•	Continued on attached
8.	Campaign Bank or Depository	Branch		City
9.	Related or Affiliated Political Committees. List name,	address and relationship.		☐ 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			
	In order to make an appointment, contact the campaign	n at (telephone, fax, e-mail): (
11.				