	DELIC TO	OISCLOS	URE COMMISSION 711 CAPITOL WAY RM 20 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-801-2828
Candid	date's Name	(Give ca	andidate's full name.)
•	Timoth	าy S.	Payne
			me (Do not abbreviate.)
	Comm	nittee	to Reelect
Mailing	Address		
	3101 J	udsor	n Street
City			
	Gig Ha	rbor	
_	What office		unning for?
	City (Cour	ncil
2.	Political par		
	Non F	artis	an
the		options	an to spend during yo below. If no box is cl

Candidate

C1						
(1/12)						

DATE FILED PDC

(b)	711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828	Registr	ration		(1/12)	JUL - 1 2013				
Cand	idate's Name (Give candidate's full name.)					Telephone Number				
	Timothy S. Payne					(253) 606 6523				
Cand	idate's Committee Name (Do not abbreviate.)	Fax Number								
	Committee to Reelect Tim Pa	(253) 858 5813								
Mailir	ng Address	Candidate's E-Mail Address								
	3101 Judson Street					tpayne@ema-inc.com				
City		County		Zip + 4		Campaign E-Mail Address				
	Gig Harbor	Pierce		9833	5-1238	relecttimpayne@gmail.com				
1.	What office are you running for?	•	District, County or City		Position No.	Do you now hold this office?				
	City Council	Gig H	Harbor		1	Yes No L				
2.	1 2, 1									
	Non Partisan November 5,									
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. Option I MINI REPORTING: In addition to my filing fee of \$75.00, 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 and Address. Does treasurer perform of the details. List deputy treasurers on attached sheet.	only ministerial funct		C 390-05-24 nued on attache	3 and next page of sheet.	Daytime Telephone Number				
	Timothy S. Payne					(253) 606 6523				
	rimoury c. r ayirc					(===, =================================				
6.	Persons who perform only ministerial functions on your be 390-05-243 and next page for details.	half <u>and</u> on behalf c	of other candidates or politica	al committees	. List name, title	e and address of these persons. See WAC Continued on attached sheet.				
	N/A									
7.	Committee Officers and other persons who authorize expe	enditures or make d	ecisions on your behalf. List	t name, title a	nd address. See	e next page for definition of "officer." Continued on attached sheet.				
	N/A									
			Branch			City				
8.	Campaign Bank or Depository		Branch			City				
	N/A									
9.	Related or Affiliated Political Committees. List name, add	ress and relationshi	p.			Continued on attached sheet.				
	N/A									
10.	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									
	3101 Judson Street, Gig Harbor, WA 98335 In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (253) 606 6523									
11	In order to make an appointment, contact the campaign at	(telephone, fax, e-r	mail): (253) 606 65	۷۵						
11.	CERTIFICATION: I certify that this report is true, complete and correct to the Candidate's Signature	best of my knowled	lge.	Date	Tune	28, 2013				
	Luuva	4//				Ţ				

SEE INSTRUCTIONS ON NEXT PAGE