

**Candidate
 Registration**

C1
 (1/12)

DATE FILED PDC

JUL - 6 2013

Candidate's Name (Give candidate's full name.)

Terry Sorenson

Telephone Number

(425) 831-6383

Candidate's Committee Name (Do not abbreviate.)

I don't have a committee yet.

Fax Number

()

Mailing Address

P.O. Box 1399

Candidate's E-Mail Address

rosie1275@comcast.net

City

Shoqualmie

County

King

Zip + 4

98065-1399

Campaign E-Mail Address

rosie1275@comcast.net

1. What office are you running for?

Council Position #5

Legislative District, County or City

Shoqualmie

Position No.

5

Do you now hold this office?

Yes No

2. Political party (if partisan office)

3. Date of general or special election

Nov 6th 2013

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 \$ 60, 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 only ministerial functions? Yes ___ No ___ See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet.

I don't plan to have a Campaign Committee or to raise funds. If I do, I will be the Treasurer.

Daytime Telephone Number

(425) 831-6383

6. Persons who perform only ministerial functions on your behalf and 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.

None

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."

None

8. Campaign Bank or Depository

None

Branch

City

9. Related or Affiliated Political Committees. List name, address and relationship.

None

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

8286 Maple Ave SE Shoqualmie, WA 98065

In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (425) 831-6383

11. CERTIFICATION:

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

Candidate's Signature

Terry Sorenson

Date

6/30/13