PUBLIC DISCLO	SURE COMMISSION					
	711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828	Candid Registr			C1	JUL 1 0 2013
Candidate's Name (Give	·				J	Telephone Number
BRUCE WILSON WILC/AMS Candidate's Committee Name (Do not abbreviate.)						(509) 888-1935 Fax Number
	Jone		_			( ) None
ROSO 2	E. Leavenu	rorth Roa	4			Candidate's E-Mail Address
Leavenu	1.	County		98826		Campaign E-Mail Address
What office are you	u running for?	Chelan Legislative	District, County or C	710000	Position No.	Do you now hold this office?
105pital	Commissione	r Chelan I	Hosp Di	· · · · · · · · · · · · · · · · · · ·	general or speci	Yes No No
	antisan onice)		·	J. Date of	general or speer	ar election
the reporting option	ns below. If no box is checked					ased on that estimate, choose one or information about reports required
and changing report	Ing options.	v filing fee of S	I will raise and s	nend 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   Daytime Telephone Number						
	and Address. Does treasurer per ist deputy treasurers on attached		ons? Yes No _	Continued on:		Daytime Telephone Number
No	ne					( )
Persons who perfo		our behalf <u>and</u> on behalf of	f other candidates of	r political committees	List name, titl	e and address of these persons. See WA
Nor.	L	,				
( 3	•					
Committee Officers	s and other persons who authoriz	e expenditures or make de	cisions on your beh	nalf. List name, title a	nd address. Se	e next page for definition of "officer."  Continued on attached sheet.
						Continued on attached sheet.
Nor	12					
. Campaign Bank or	-		Branch			City
	one					
	d Political Committees. List name	e, address and relationship	).			☐ Continued on attached sheet.
N.	one					
holidays. In the sp.				address where the ins	spection will take	pt Saturdays, Sundays, and legal e place. It is not acceptable to provide a
Street Address, R	oom Number, City where camp			BLOSE !	W/11/102	m i wenus M
Jute: T	all raise and s	spend noth	ing.			
1. CERTIFICATION:	гарронитель, соптась тпе сатра	іідії ас (тетерпопе, тах, e-m	an). (3 - () 6	94 1 633		