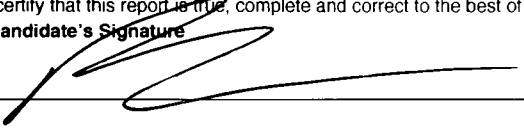


Candidate Registration

C1
(1/12)

DATE FILED PDC

APR 15 2014

Candidate's Name (Give candidate's full name.) Benjamin W. Shoval			Telephone Number (509) 494-9765
Candidate's Committee Name (Do not abbreviate.) Friends of Ben Shoval			Fax Number ()
Mailing Address 123 E. Yakima Ave.			Candidate's E-Mail Address ben@benshoval.com
City Yakima	County Yakima	Zip + 4 98901-2625	Campaign E-Mail Address ben@benshoval.com
1. What office are you running for? State Representative		Legislative District, County or City 14	Position No. 2
2. Political party (if partisan office) Republican		3. Date of general or special election 11/4/2014	
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.			
<input type="checkbox"/> Option I MINI REPORTING: In addition to my filing fee of \$ _____, 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.			
<input checked="" type="checkbox"/> 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.			Daytime Telephone Number
Abby Sanders, 3702 Kern Rd., Yakima, WA 98902			(509) 575-1040
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. <input type="checkbox"/> Continued on attached sheet.			
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." <input type="checkbox"/> Continued on attached sheet.			
8. Campaign Bank or Depository Homestreet Bank	Branch 601 W. Walnut Ave.	City Yakima	
9. Related or Affiliated Political Committees. List name, address and relationship. <input type="checkbox"/> 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 3702 Kern Rd., Yakima, WA 98902 In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (509) 575-1040			
11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge.			
Candidate's Signature 			Date 4/15/14

SEE INSTRUCTIONS ON NEXT PAGE