					DATE FILED PDC	
(C)	711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98304-0908 (380) 752-1111 Toll Free 1-877-501-2828	Candidate Registration		C1	MAY 2 0 2014	
L	idate's Name (Give candidate's full name.)  Eli Labe The Pen C idate's Committee Name (Do not abbreviate.)	yar			Telephone Number (360) 8755321 Fax Number (360) 8755548	
Mailin	Pox 42 5	<u> </u>			Candidate's E-Mail Address	
City	South Bend	County Pacific	Zip+4 985	86	Campaign E-Mail Address	
1.	What office are you running for? Pacufic Co. North Dist	Legislative District, County of COURT PO	r City	Position No.	Do you now hold this office?  Yes No	
th an	Political party (if partisan office)  ow much do you plan to spend during your enti- e reporting options below. If no box is checked ad changing reporting options.  Option I MINI REPORTING: In addition to my and local voters pamphlets. I will not accept mo	re election campaign, including the pyou are obligated to use Option II, Full filing fee of \$, I will raise an	orimary and genera Reporting. See insti	ruction manuals n \$5,000, includin	sed on that estimate, choose one of	
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 V. No See WAC 390-05-243 and next Daytime Telephone Number						
J.	page for details. List deputy treasurers on attached s	sheet.	Continued	on attached sheet.	(360) 8755 32/	
,	WAC 390-05-243 and next page for details. sheet.				☐ Continued on attached	
7.	Committee Officers and other persons who authorize	e expenditures or make decisions on your	behalf. List name, tit	le and address. S	See next page for definition of "officer."  Continued on attached sheet.	
8.	Campaign Bank or Depository	Branch			City	
9.	Security Stoke T Related or Affiliated Political Committees. List name	address and relationship.	Bend		Continued on attached sheet	
	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.					
	a post office box or an out-of-area address.  Street Address, Room Number, City where campaign books will be available for inspection BOX425, 504 WROOT BISH DV SOUTH BEND WA					
	In order to make an appointment, contact the campaign at (telephone, fax, e-mail): 860 8755321  11. CERTIFICATION:  I certify that this report is true, complete and correct to the best of my knowledge.					

SEE INSTRUCTIONS ON NEXT PAGE

Candidate's Signature

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