AMO	ENUED		-
PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40606 OLYMPIA WA 50004-0006 (300) 753-1111	Candidate Registration	C1	DATE FILED PDC
Tell Free 1-577-601-2525	DATE FILED F	PDC	MAY 28 2014
Candidate's Name (Give candidate's full name.)			Telephone Number
Candidate's Committee Name (Do not abbreviate.)	JUN 1 0 201	4	(360) 647-23/5 Fax Number
			()
Mailing Address AC 18 Huray 5			Candidate's E-Mail Address Larynicholas (Comont-
CHy Belling hom	County Shetan G	1+4 8226	Campaign E-Mail Address
What office are you running for?	Legislative District, County or City	Position No.	Do you now hold this office? Yes No A
2. Political party (if partisan office)		ate of general or speci	
		November	2014 - General
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 \$, 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.			
)	Reporting system. I will file the frequent, detailed campa		y law.
	orm <u>only</u> ministerial functions? Yes No <a>See WA See WA sheet	C 390-05-243 and Continued on attached	Daytime Telephone Number
Lang Nicholas			13601647-2315
Persons who perform only ministerial functions on you WAC 390-05-243 and next page for details.	r behalf and on behalf of other candidates or political con	mmittees. List name, t	itle and address of these persons. See
sheet.			
1 / <i>U</i> //+			
7. Committee Officers and other persons who authorize of	expenditures or make decisions on your behalf. List name	ne, title and address. S	
sheet. A A			Continued on attached
,			
			į
O. Company Dark and Dark			
8. Campaign Bank or Depository	Branch Conwall		City Gelling
Related or Affiliated Political Committees. List name, a sheet.			Continued on attached
\V/A			
Campaign books must be open to the public by appoint bolidays. In the space below, provide contact informed.	ntment between 8 a.m. and 8 p.m. during the eight days b	efore the election, exc	ept 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 200 POSRed-Sh., ISC//NShum			
In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (36) 733-2028 (36) 733-2028			

11. CERTIFICATION:

Candidate's Signature

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

5-2714 6-9.14 SEE INSTRUCTIONS ON NEXT PAGE