


PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828		Candidate Registration	C1 (1/2008)	100585548 06-16-2014	
Candidate's Name (Give candidate's full name.) MICHAEL G SPENCER			Telephone Number 360-581-2420		
Candidate's Committee Name (Do not abbreviate.) COMMITTEE TO ELECT MIKE SPENCER PROSECUTOR			Fax Number 360-249-6222		
Mailing Address P.O. BOX111			Candidate's E-Mail Address MIKE.SPENCER@LAWBLJS.COM		
City MONTESANO		County GRAYS HARBOR	Zip + 4 98563	Campaign E-Mail Address mike.spencer@lawbljs.com	
1. What office are you running for? COUNTY PROSECUTOR		Legislative District, County or City GRAYS HARBOR CO		Position No. NA	Do you now hold this office? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. Political party (if partisan office) DEMOCRAT			3. Date of general or special election 11-04-2014		
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 <u>only</u> ministerial functions? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> . See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. <input type="checkbox"/> Continued on attached sheet.				Daytime Telephone Number 360-249-4800	
KAY SODDERS 101 SOUTH MAIN STREET, MONTESANO WA 98563					
6. Persons who perform only ministerial functions on your behalf <u>and</u> 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.					
DENNIS MORRISETTE, CHAIRMAN, 219 WEST 9TH, ABERDEEN WA 98520					
8. Campaign Bank or Depository TWINSTAR		Branch ABERDEEN		City ABERDEEN, WA.	
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 101 SOUTH MAIN STREET, MONTESANO In order to make an appointment, contact the campaign at (telephone, fax, e-mail): 360-249-4800 360-249-6222 KAY.SODDERS@LAWBLJS.COM					
11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge.					
Candidate's Signature MICHAEL G SPENCER				Date 06-16-2014	