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PUBLIC	DISCLOSURE COMMISSION 711 CAPITOL WAY RM : PO BOX 40908 OLYMPIA WA 98504-09		didate istration		C1	DATE FILED PDC
	(380) 753-1111 Toll Free 1-877-801-28:	_	registration		(1/12)	MAY 27 2015
Candidate's Name (Give candidate's full pame.) HIAW LENNEY Candidate's Committee Name (Do not abbreviate.) Elect Al YenneY						Telephone Number (509) 547-3021 Fax Number
Mailing Address						Candidate's E-Mail Address
City P	1500 1500	County FRAN	skliw	Zip+4 9930		Campaign E-Mail Address
<u> </u>	ice are you running for?	Legi	slative District, County or City		Position No.	Do you now hold this office? Yes Mo
2. Political	itical party (if partisan office) 3. Date of general or sp				_	al election
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 \$ 1/9 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. Option II FULL REPORTING: I will use the Full Reporting system. I will file the frequent, detailed campaign reports required by law.						
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. Continued on attached						Daytime Telephone Number
sheet.						(509) 430 7915
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. Continued on attached sheet.						
7. Committ sheet.	e Officers and other persons who	authorize expenditures or r	nake decisions on your behalf. I	List name, title a	and address. S	ee next page for definition of "officer." Continued on attached
` _ `	n Bank or Depository	5 7	Branch 1115 W	C JAR	K	PASCO
9. Related or Affiliated Political Committees. List name, address and relationship. Continued on ettached 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 ASSO WA. 9930 (
In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (54) 547-802 11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge.						

Candidate's Signature

Cullen L Jumy

Date

5-24-15