	PUBLIC DISCLOS	URE COMMISSION		· · · · · · · · · · · · · · · · · · ·			DATEE	11	
6		711 CAPITOL WAY RM 206	Candi	date				ILED PDC	
EE,		PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-801-2828		tration	 	(1/12)	JUN 2	8 2015	
Candidate's Name (Give candidate's full name.)							Telephone Number		
Gary Nystul							1 '	_	
Ca	andidate's Committee Nar		(360) 697-245:	3					
None							Fax Number		
Ma	ailing Address						()		
19700 Jensen Way NE							Candidate's E-Mail A		
Cit		m tray ita	County		Zip + 4		garynystul@d		
	Poulsbo		Kitsap		•	0-7499	Campaign E-Mail Add	dress	
1.		unning for?		re District, County or City		Position No.	De rou nou held		
	City Counc			ilsbo			Do you now hold Yes	this office?	
2.	Political party (if partis	Political party (if partisan office) 3. Date of general or				eneral or specia	al election		
	N/A 11/3/2015					/2015			
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 \$ 600 including any charges for inclusion in state and									
	Option I MINI REPORTING: In addition to my filing fee of \$ 60, 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.								
5. Treasurer's Name and Address. Does treasurer perform only ministerial functions? Yes No. See WAC 300 05 243 and not 1. Double of the continuous statements of								limber	
	page for details. List deputy treasurers on attached sheet.						Dayume receptions is	umbei	
	None						()		
6.	Persons who perform only ministerial functions on your behalf and on behalf of all as conditions on your behalf and on behalf of all as conditions.								
-	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.								
	None								
	110/10								
7.	Committee Officers and	nd other persons who authorize ex	xpenditures or make d	lecisions on your behalf. List	name, title an	d address. See	e next page for definition	of "officer."	
	None		•				☐ Continued on	attached sheet.	
	None								
		-•	-						
	· ·	·			_				
						•			
8.	Campaign Bank or Dep	nository		Branch					
	None	700101,		Brancii			City		
9.		alitical Committees List name ar	ddraes and relationsh	<u></u>		<u></u>			
	Related or Affiliated Political Committees. List name, address and relationship. None						Continued on attached sheet.		
	None								
10.									
	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 Home address and phone above								
	In order to make an appointment, contact the campaign at (telephone, fax, e-mail):								
11.	11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge.								
	I certify that this report is Candidate's Signature		ie best of my knowled	ge.		<u> </u>	<u>.</u>		
	Candidate's Signature	2			Date 7.7	2 Je 4 15			