	<u> </u>	DATE FILED PDC	
PO BOX 40908	didate istration	C ₁ 1111111111111	2 5. 2015
Candidate's Name (Give candidate's full name.) EMMA HERRON Candidate's Committee Name (Do not abbreviate.)			Telephone Number (425) 396-5249 Fax Number ()
Mailing Address 35402 SE ASpen Lane	# 701		Candidate's E-Mail Address News 2007@CimCat
Swenalnie WA.	98065 zip) + 4	Campaign E-Mail Address
1. What office are you running for? PUBLIC HOSPITAL DIS	islative District, County or City TRICT 4	Position No.	Do you now hold this office? Yes No X
2. Political party (if partisan office)	/		er 3.2015
How much do you plan to spend during your entire election can the reporting options below. If no box is checked you are obligate	npaign, including the primary and geneat to use Option II, Full Reporting. See	neral elections? Ba Instruction manuals	sed on that estimate, choose one of 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. 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 <u>only</u> ministernext page for details. List deputy treasurers on attached sheet. 		C 390-05-243 and Continued on attached	Daytime Telephone Number
sheet. NA			()
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.			
 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." 			
sheet. WAR SMMA HERRON - Candidate Continued on attached			
8. Campaign Bank or Depository	Branch		City
Related or Affiliated Political Committees. List name, address and relishest.	ationship.		☐ Continued on attached
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			
In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge.			
Candidate's Signature Signature Date Quine 24,2015			
anna I gro			