PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WAY 98504-0908 (369) 753-1111 Toll Free 1-877-601-2828	Candid Regist			C1	JUN 29 2015
Candidate's Name (Give candidate's full name.) Jill Diane Johnson Candidate's Committee Name (Do not abbreviate.) Friends of Jill Johnson - Vote for Jill	·				Telephone Number (360) 632 2558 Fax Number () N/A
Mailing Address P.O. Box 818					Candidate's E-Mail Address jilljohnsonoh@gmail.com
City Oak Harbor, WA	County Island		Zip + 4 98277	+ 9998	Campaign E-Mail Address voteforjill@gmail.com
What office are you running for? County Commissioner	Legislative Island	District, County or City	ct, County or City Position No. District C		Do you now hold this office? Yes X No
Political party (if partisan office) Republican	3. Date of general or sp November 2016				ial election
 How much do you plan to spend during your entir the reporting options below. If no box is checked y and changing reporting options. 	re election campaigr you are obligated to u	n, including the primary a use Option II, Full Reportin	nd general e g. See instru	lections? Baction manuals	ased on that estimate, choose one of for Information about reports require
Option I MINI REPORTING: In addition to my and local voters pamphlets. I will not accept mo Option II FULL REPORTING: I will use the Full	re than \$500 in the agg	gregate from any contributor	except mysel	f.	
5. Treasurer's Name and Address. Does treasurer perform only ministerial functions? Yes No _X . See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. Kathleen B. Jones					Daytime Telephone Number
 Persons who perform only ministerial functions on yo WAC 390-05-243 and next page for details. sheet. 	ur behalf <u>and</u> on behal	f of other candidates or poli	ical committ e	es. List name,	title and address of these persons. See
7. Committee Officers and other persons who authorize sheet.	expenditures or make	decisions on your behalf. L	ist name, title	and address.	See next page for definition of "officer." Continued on attached
8. Campaign Bank or Depository		Branch	•		City
Whidbey Island Bank (A Division of H 9. Related or Affiliated Political Committees. List name, sheet.		Bayshore			Oak Harbor Continued on attached
Campaign books must be open to the public by apponentiation of the space below, provide contact informs a post office box or an out-of-area address. Street Address, Room Number, City where campa Kathleen B. Jones Jones Accounting Associate	ation for scheduling an lign books will be ava	appointment and the addre	ss where the i	the election, ex nspection will t	ccept Saturdays, Sundays, and legal ake place. It is not acceptable to provide

In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (360)675-3030

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

11. CERTIFICATION:

Candidate's Signature

Date 6-15-15