

## Candidate

## RECEIVED

	(000) 100	Registration	(1/12)	JUL 022015	
	Toll Free 1-877-601-2828				
Candidate's Name (Give candidate's full name.)				ublication Commission	
Mark James Botello				(509)860-5619	
Candidate's Committee Name (Do not abbreviate.)				Fax Number	
M	ark Botello for East h	Venatchee Council		( )	
Mailing 65	5 4 ST. NE A102			Candidate's E-Mail Address Mark-botello@gmail.com	
city	st Wenatchee co	unty Zip +	4	Campaign E-Mail Address	
1. What office are you running for?  East Wenatchee Council, 12th Legislative District, County or City Position No. Do you now hold this office?  Yes \( \sum \) No \( \mathbb{N} \)					
2. Political party (if partisan office)  3. Date of general or special election					
Republican Party					
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 \$_67, I will raise and spend no more than \$5,000, including any charges for inclusion in state					
Option I MINI REPORTING: In addition to my filing fee of \$ 6 /, 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.					
1	Treasurer's Name and Address. Does treasurer perform only next page for details. List deputy treasurers on attached shee		90-05-243 and ontinued on attached	Daytime Telephone Number	
:	sheet.			l( )	
	V/A				
1	Persons who perform only ministerial functions on your behal WAC 390-05-243 and next page for details.	f and on behalf of other candidates or political comm	ittees. List name,	itite and address of these persons. See	
	4				
	N/A				
		· · · · · · · · · · · · · · · · · · ·			
7.	Committee Officers and other persons who authorize expend	itures or make decisions on your behalf. List name,	title and address.	See next page for definition of "officer."  Continued on attached	
sheet.					
. 1/4					
	N/A				
				ì	
				1 2	
8.	Campaign Bank or Depository	Branch N/A		City N/A	
9.	P/パ Related or Affiliated Political Committees. List name, address			Continued on attached	
	sheet.				
,	N/A				
	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 Date					
Mr. / Comes Rt. 1					