


PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828		Candidate Registration	C1 (1/2008)	100699142 06-06-2016	
Candidate's Name (Give candidate's full name.) PAUL S GRAVES			Telephone Number 206-818-5607		
Candidate's Committee Name (Do not abbreviate.) PEOPLE FOR PAUL GRAVES			Fax Number		
Mailing Address PO BOX 417			Candidate's E-Mail Address PGRAVES@PERKINSCOIE.COM		
City FALL CITY		County KING	Zip + 4 98024	Campaign E-Mail Address GSMORSE@GMAIL.COM	
1. What office are you running for? STATE REPRESENTATIVE		Legislative District, County or City LEG DISTRICT 05 - HOUSE	Position No. 2	Do you now hold this office? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. Political party (if partisan office) REPUBLICAN		3. Date of general or special election 11/08/2016			
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.					
<input type="checkbox"/> 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.					
<input checked="" type="checkbox"/> 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 <u>only</u> ministerial functions? Yes ___ No <input checked="" type="checkbox"/> . See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. PAUL S GRAVES 33505 SE 74TH ST, FALL CITY WA 98024			<input type="checkbox"/> Continued on attached sheet. Daytime Telephone Number 206-818-5607		
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. <input type="checkbox"/> Continued on attached sheet. CAM CONSULTING, PDC COMPLIANCE, 2422 LEACH CT SE, OLYMPIA WA 98501					
7. 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." <input type="checkbox"/> Continued on attached sheet.					
8. Campaign Bank or Depository KEY BANK		Branch ISSAQUAH	City ISSAQUAH		
9. Related or Affiliated Political Committees. List name, address and relationship. <input type="checkbox"/> Continued on attached 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 313 8TH AVE SE, OLYMPIA In order to make an appointment, contact the campaign at (telephone, fax, e-mail): 360-915-8401 GSMORSE@GMAIL.COM					
11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge. Candidate's Signature PAUL S GRAVES					
			Date 06-06-2016		