PUBLICDISCLOSU	RE COMMISSION
	711 CAPITOL WAY RM 2 PO BOX 40908 OLYMPIA WA 98504-090 (360) 753-1111

Candidate

	OLYMPIA WAS 98504-0908 Registration	O I	,		
	Toli Free 1-877-601-2828	(1/12)	AUG 0 5 2016		
0		<u>.l</u>			
Can	didate's Name (Give candidate's full name.)		Telephone Number		
C 0 0	didate's Committee Name (Do not abbreviate.)		99.		
Gail	odate's Committee Name (50 not appreviate.)		Fax Number ()		
Mail	ing Address * 24/7 2 Froature / ER		Candidate's E-Mail Address		
City	Sounty Zip + 4	(A)	Campaign E-Mail Address		
1.	What office are you running for Post Bell Legislative District, County or City	Position No.	Do you now hold this office? Yes No		
2.	Political party (in artisan office) 3. Date of	general or speci	al election		
4. l	low much do you plan to sperid during your entire election campaign, including the primary and general	elections? Ba	sed on that estimate, choose one of		
t e	he reporting options below. If no box is checked you are obligated to use Option II, Full Reporting. See instr and changing reporting options.	uction manuals	for information about reports required		
	Option I MINI REPORTING: In addition to my filing fee of \$, I will raise and spend no more than	. 65.000 (b-d)-			
-	Option I MINI REPORTING: In addition to my filing fee of \$, I will raise and spend no more than and local voters pamphlets. I will not accept more than \$500 in the aggregate from any contributor except myse	i \$5,000, includin elf.	g any charges for inclusion in state		
	Option II FULL REPORTING: I will use the Full Reporting system. I will file the frequent, detailed campaign n	ports required b	y law.		
5.	Treasurer's Name and Address. Does treasurer perform only ministerial functions? Yes No See WAC 390		Daytime Telephone Number		
	sheet.	nued on attached	, ,		
	Self				
6.	Persons who perform only ministerial functions on your behalf and on behalf of other candidates or political committee WAC 390-05-243 and next page for details.	es. List name, t	itle and address of these persons. See		
	sneet		·		
	/				
		······································			
7.	Committee Officers and other persons who authorize expenditures or make decisions on your behalf. List name, title	and address. S	See next page for definition of "officer." Continued on attached		
	sheet.	,	•		
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8.	Campaign Bank or Depository Wells Forgo Rainier Ave.	;	seattle		
9.	Related or Affiliated Political Committees. List name, address and relationship.		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 eve	ant Saturdaye Sundaye and local		
	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				
	3042 5.10 Manufe 11., Seat the 40110				
	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): (206) 721-3113				
11.	CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge.	,	,		
	Candidate's Signature Date	-			
	γ	soll:	SOM)		
	- Comment of the comm		SEE INSTRUCTIONS ON NEXT PAGE		
		_ 3	CL INSTRUCTIONS ON NEAT PAGE		