


PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828		<h1>Candidate Registration</h1>		<h1>C1</h1> (1/2008)	100769391 06-14-2017
Candidate's Name (Give candidate's full name.)				Telephone Number	
BRUCE W WILLIAMS				509-888-1935	
Candidate's Committee Name (Do not abbreviate.)				Fax Number	
BRUCE WILLIAMS HOSPITAL COMMISSIONER					
Mailing Address				Candidate's E-Mail Address	
8050 E LEAVENWORTH ROAD				BWSEATTLE@GMAIL.COM	
City		County		Zip + 4	
LEAVENWORTH		CHELAN		98826	
Campaign E-Mail Address				Candidate's E-Mail Address	
bwseattle@gmail.com				bwseattle@gmail.com	
1. What office are you running for?		Legislative District, County or City		Position No. Do you now hold this office?	
HOSPITAL COMMISSIONER		CHELAN HOSP DIST 1		2 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. Political party (if partisan office)			3. Date of general or special election		
NON PARTISAN			11-07-2017		
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 checked="" type="checkbox"/> Option I MINI REPORTING: In addition to my filing fee of \$0, 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 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. <input type="checkbox"/> Continued on attached sheet.				Daytime Telephone Number	
BRUCE W WILLIAMS 8050 E LEAVENWORTH ROAD, LEAVENWORTH WA 98826				509-888-1935	
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.					
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		Branch		City	
CASHMERE VALLEY BANK		LEAVENWORTH		LEAVENWORTH	
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 700 US-2, LEAVENWORTH In order to make an appointment, contact the campaign at (telephone, fax, e-mail): 509-888-1935 BWSEATTLE@GMAIL.COM					
11. CERTIFICATION:					
I certify that this report is true, complete and correct to the best of my knowledge.					
Candidate's Signature				Date	
BRUCE W WILLIAMS				06-14-2017	