

Candidate Registration

C1
(1/2008)

100825923

(360) 753-1111 Toll Free 1-877-601-282	ivedisti	ation	(1/2008)	04-14-2018
Candidate's Name (Give candidate's full name.)				Telephone Number
JEREMIE J DUFAULT				509-902-2344
Candidate's Committee Name (Do not abbreviate	<u> </u>			Fax Number
FRIENDS OF JEREMIE DUFUALT				
Mailing Address				Candidate's E-Mail Address
P.O. BOX 579				DUFAULTCAMPAIGN@GMAIL.C
City	County		Zip + 4	Campaign E-Mail Address
SELAH	YAKIMA	9:	3942	DUFAULTCAMPAIGN@GMAIL.C
What office are you running for?		District, County or City	Position No	
STATE REPRESENTATIVE	LEG DISTRI	CT 15 - HOUSE	2	Yes No X
2. Political party (if partisan office)			3. Date of general or sp	ecial election
REPUBLICAN			11/06/2018	
4. How much do you plan to spend during y the reporting options below. If no box is and changing reporting options. Option I MINI REPORTING: In addit and local voters pamphlets. I will not a	checked you are obligated to us	se Option II, Full Reportin	g. See instruction manu-	als for information about reports required
X Option II FULL REPORTING: I will u	se the Full Reporting system. I wi	ill file the frequent, detailed	campaign reports require	d by law.
5. Treasurer's Name and Address. Does treas	surer perform only ministerial func		ee WAC 390-05-243 and	Daytime Telephone Number
next page for details. List deputy treasurers on attached sheet. Continued on attached sheet. RYAN D GRIFFEE				eet. 509-457-1515
105 N 3RD ST, YAKIMA WA 98901				309-437-1313
7. Committee Officers and other persons who	authorize expenditures or make o	decisions on your behalf. L	ist name, title and addres:	s. See next page for definition of "officer." Continued on attached sheet.
8. Campaign Bank or Depository		Branch		City
SOLARITY CREDIT UNION		703 N PARK CEI	NTRE	SELAH
Related or Affiliated Political Committees. I	ist name, address and relationsh	ip.		Continued on attached sheet.
 Campaign books must be open to the public holidays. In the space below, provide conta a post office box or an out-of-area address. Street Address, Room Number, City whe 	act information for scheduling an a	appointment and the addre		except Saturdays, Sundays, and legal Il take place. It is not acceptable to provide
105 N. 3RD ST, YAKIMA In order to make an appointment, contact th 11. CERTIFICATION:	. •	·	5 509-457-102	7 RYAN@LBPLAW.COM
I certify that this report is true, complete and correct to the best of my knowledge.				
Candidate's Signature Date JEREMIE J DUFAULT 04-14-2018				