

Candidate's Name (Give candidate's full name.)
ROBERT A. HASEGAWA

Telephone Numbers
 ([REDACTED])

Candidate's Committee Name (Do not abbreviate.)
CAMPAIGN to Re-Elect Bob Hasegawa

cell
(206) 334-4804

Mailing Address
PO Box 84331

Fax Number
 ()

City **Seattle** County **King** Zip + 4 **98144**

E-Mail Address

1. What office are you running for?
State Rep Legislative District, County or City **11** Position No. **2** Do you now hold this office?
 Yes No

2. Political party (if partisan office)
Democrat

3. Date of general or special election
Nov. 2008

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 \$_____, I will raise and spend no more than \$3,500, including any charges for inclusion in state and local voters pamphlets. I will not accept more than \$300 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.

5. Treasurer's Name and Address. Candidate may be treasurer. List deputy treasurers on attached sheet. Continued on attached sheet
CYNTHIA V. DOEUN
6042 Fauntleroy Way SW Apt-201
SEATTLE WA 98136

Daytime Telephone Number
(206) 272-0888

6. Committee Officers. List name, title and address. Continue on attached sheet if necessary. See reverse for definition of "officer." Continued on attached sheet

7. Campaign Bank or Depository
Bank of America Branch **Beacon Hill** City **Seattle**

8. Related or Affiliated Political Committees. List name, address and relationship. Continued on attached sheet

9. Campaign books must be open to the public, except on a weekend or legal holiday, during the eight days before the election: (a) on the eighth day for two consecutive hours between 8 a.m. and 8 p.m.; if the eighth day is a legal holiday - two consecutive hours on the seventh day between 8 a.m. and 8 p.m.; and (b) on the other weekdays, by appointment between 8 a.m. and 8 p.m. Specify location and hours below. It is not acceptable to provide a post office box or an out-of-area address.

Street Address, Room Number, City _____ Hours [Two consecutive hours; see 9(a)] _____

In order to make an appointment, contact the campaign at (telephone, fax, e-mail): ()

10. CERTIFICATION
 I certify that this report is true, complete and correct to the best of my knowledge.
 Candidate's Signature **[Signature]** Date **10-15-07**