

Candidate Registration

C1

100818894

(360) 753-1111 Toll Free 1-877-601-: Candidate's Name (Give candidate's full name			(1/2008)	02-27-2018 Telephone Number
,	,			509-701-3979
MICHELLE "SHELLEY" SZAMBI Candidate's Committee Name (Do not abbrevi				Fax Number
COMMITTEE TO RETAIN J. SZ	,			I ax Number
Mailing Address				Candidate's E-Mail Address
P.O. BOX 894				FRIENDSOFJUDGESZAMBELA
City	County	Zip + 4		Campaign E-Mail Address
SPOKANE	SPOKANE	99203		Friendsofjudgeszambela
What office are you running for?	Legislative District,	County or City	Position No.	Do you now hold this office? Yes No X
SUPERIOR COURT JUDGE	SPOKANE CO SUP		10	
Political party (if partisan office)		3. Date of (general or specia	al election
NON PARTISAN 4. How much do you plan to spend durin	a vous entire election compaign includ	11-06-		and an that actimate above and of
the reporting options below. If no box and changing reporting options. Option I MINI REPORTING: In ac and local voters pamphlets. I will no	ddition to my filing fee of \$, I word accept more than \$500 in the aggregate fr	on II, Full Reporting. See instru ill raise and spend no more than rom any contributor except mysel	ction manuals f \$5,000, including	or information about reports required g any charges for inclusion in state
X Option II FULL REPORTING: I wi	Il use the Full Reporting system. I will file th	e frequent, detailed campaign re	ports required by	/ law.
Treasurer's Name and Address. Does tr next page for details. List deputy treasure	easurer perform only ministerial functions?		05-243 and on attached sheet.	Daytime Telephone Number
MICHELLE SZAMBELAN PO BOX 894, SPOKANE WA 9		Continued to	on attached sheet.	509-701-3979
TIM SZAMBELAN, INTERIM C		BOX 894, SPOKANE		Continued on attached sheet.
8. Campaign Bank or Depository	Brand	ch		City
WA TRUST		NTOWN		SPOKANE
	s. List name, address and relationship. siblic by appointment between 8 a.m. and 8 properties of the state o			
a post office box or an out-of-area addre Street Address, Room Number, City w 906 W. MAIN, SPOKANE		or inspection	·	GESZAMBELAN@GMAIL.COM
11. CERTIFICATION: I certify that this report is true, complete Candidate's Signature	and correct to the best of my knowledge.	Date		
MICHELLE "SHELLEY" SZAM	BELAN	02-27-2	018	

Attachment to C1 – Candidate Committee Registration

Name MICHELLE "SHELLEY" SZAMBELAN

5. I	Deputy Treasurers Name and Address.						
	SZAMBELAN	РО	BOX	894,	SPOKANE I	WA	99210
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6. I	Persons who perform only ministerial function	ıs, i	vame,	i itle a	ına Aadress.		
7 /	Committee Officers, List Name, Title and Add	Iross	•				
′. (Committee Officers, List Name, Title and Add	ii 625	.				