

Candidate Registration

C1(1/2008)

100819772

OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828	gistration	(1/2008)							
	03-06-2018								
Candidate's Name (Give candidate's full name.)			Telephone Number						
LISA CALLAN			425-260-4878						
Candidate's Committee Name (Do not abbreviate.)			Fax Number						
FRIENDS OF LISA CALLAN									
Mailing Address			Candidate's E-Mail Address						
PO BOX 2095 City County		7in . 4	ELECT.LISACALLAN@GMAIL						
		Zip + 4	Campaign E-Mail Address						
ISSAQUAH KING 1. What office are you running for? L		Position No.	Do you now hold this office?						
. ,	DISTRICT 05 - HOUSE	2	Yes No X						
Political party (if partisan office)	JESTRICI OS MOODE	Date of general or special	al election						
DEMOCRAT	DEMOCRAT 11/06/2018								
4. How much do you plan to spend during your entire election of the reporting options below. If no box is checked you are oblig and changing reporting options. Option I MINI REPORTING: In addition to my filing fee of \$ and local voters pamphlets. I will not accept more than \$500.	ated to use Option II, Full Reporting	See instruction manuals f more than \$5,000, including	or information about reports required						
X Option II FULL REPORTING: I will use the Full Reporting sy	ystem. I will file the frequent, detailed	campaign reports required by	law.						
Treasurer's Name and Address. Does treasurer perform <u>only</u> minis next page for details. List deputy treasurers on attached sheet.	e WAC 390-05-243 and Continued on attached sheet.	Daytime Telephone Number							
JAY PETTERSON 119 1ST AVE S STE 320, SEATTLE WA 9810	206-682-7328								
7. Committee Officers and other persons who authorize expenditures	or make decisions on your behalf. Li	st name, title and address. S	ee next page for definition of "officer." Continued on attached sheet.						
Campaign Bank or Depository	Branch		City						
BANK OF AMERICA	DEXTER HORTON		SEATTLE						
Related or Affiliated Political Committees. List name, address and	relationship.	,	☐ Continued on attached sheet.						
 Campaign books must be open to the public by appointment betwee holidays. In the space below, provide contact information for sche a post office box or an out-of-area address. Street Address, Room Number, City where campaign books w 	duling an appointment and the addres								
1530 11TH AVE NW, ISSAQUAH In order to make an appointment, contact the campaign at (telepho	•	3 ANNIE@BLUEWA\	/EPOLITICS.COM						
1. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge.									
LISA CALLAN	Candidate's Signature Date ISA CALLAN 03-06-2018								

Attachment to C1 – Candidate Committee Registration

Name LISA CALLAN

F. Donuty Transurara Nama and Address											
5. Deputy Treasurers Name and Address.											
ANNIE LINDSEY	119	1ST	AVE	S	STE	320,	SEATT	LE W	A 981	04	
6. Persons who perform only ministerial functio	ns, Na	ame, T	Title a	ınd	Addr	ess.					
7. Committee Officers, List Name, Title and Ad	dress.										
, ,											