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| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p>PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828</p> </div> <div style="text-align: center;"> <h1 style="margin: 0;">Candidate Registration</h1> </div> <div style="text-align: center;"> <h1 style="margin: 0;">C1</h1> <p>(1/2008)</p> </div> </div> | | 100822506 AMENDS 100746992 03-29-2018 |
| Candidate's Name (Give candidate's full name.) PAUL S GRAVES | | Telephone Number 206-818-5607 |
| Candidate's Committee Name (Do not abbreviate.) PEOPLE FOR PAUL GRAVES | | Fax Number |
| Mailing Address PO BOX 417 | | Candidate's E-Mail Address INFO@PAULGRAVESWA.COM |
| City FALL CITY | County KING | Zip + 4 98024 |
| | | Campaign E-Mail Address INFO@PAULGRAVESWA.COM |
| 1. What office are you running for? Legislative District, County or City Position No. Do you now hold this office? STATE REPRESENTATIVE LEG DISTRICT 05 - HOUSE 2 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| 2. Political party (if partisan office) REPUBLICAN | | 3. Date of general or special election 11/06/2018 |
| 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 type="checkbox"/> Option I MINI REPORTING: In addition to my filing fee of \$_____, 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 checked="" 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> . See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. TOM PERRY PO BOX 1283, PUYALLUP WA 98371 | | Daytime Telephone Number 253-988-2455 |
| 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 KEY BANK | Branch CAPITOL WAY | City OLYMPIA |
| 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 3718 19TH AVENUE CT SE, PUYALLUP In order to make an appointment, contact the campaign at (telephone, fax, e-mail): 253-988-2455 DAWGPERRY@GMAIL.COM | | |
| 11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge. Candidate's Signature PAUL S GRAVES <div style="text-align: right;"> Date 03-29-2018 </div> | | |