	COMMISSION					
	1 CAPITOL WAY RM 206 ) BOX 40908 .YMPIA WA 98504-0908 60) 753-1111	Candid Registr			<b>C1</b>	100831257
т	oll Free 1-877-601-2828				(1/2000)	05-16-2018
Candidate's Name (Give cand	lidate's full name.)					Telephone Number
RYAN D BURKETT						425-427-9077
Candidate's Committee Name (Do not abbreviate.)						Fax Number
RYAN DEAN BURKET	т					
Mailing Address	-					Candidate's E-Mail Address
705 RAINIER BLVD	N. APT 1					RYANDEANBURKETT@GMAIL.C
City		County		Zip + 4		Campaign E-Mail Address
ISSAQUAH	1	KING	98	027		ryandeanburkett@gmail.c
1. What office are you run	ning for?	Legislative	District, County or City		Position No.	Do you now hold this office?
STATE REPRESENT	ATIVE	LEG DISTRI	CT 05 - HOUSE		2	Yes No X
2. Political party (if partisal	n office)			3. Date of g	general or spec	ial election
the reporting options be and changing reporting o	low. If no box is chec ptions. PORTING: In addition t	ked you are obligated to us	e Option II, Full Reporting	<b>g. See instru</b> to more than	elections? Ba ction manuals \$5,000, includio	ased on that estimate, choose one of for information about reports required ng any charges for inclusion in state
Option II FULL RI	PORTING: I will use the	ne Full Reporting system. I w	ill file the frequent, detailed	campaign re	ports required b	by law.
		r perform <u>only</u> ministerial func	tions? Yes No <b>_X</b> Se	e WAC 390-	05-243 and	Daytime Telephone Number
next page for details. Li RYAN D BURKETT	st deputy treasurers on	attached sheet.	ſ	Continued	on attached sheet	425-427-9077
705 RAINIER BLV	ON, APT 1, 1	ISSAOUAH WA 9802	27			423-427-9077
7. Committee Officers and	other persons who auth	norize expenditures or make o	decisions on your behalf. Li	st name, title	and address.	See next page for definition of "officer."
8. Campaign Bank or Dep	ository		Branch			City
BOEING EMPLOYEE	CREDIT UNION		ISSAQUAH			ISSAQUAH
9. Related or Affiliated Pol	tical Committees. List r	name, address and relationsh	ip.			Continued on attached sheet.
holidays. In the space to a post office box or an office box or an office box office box of an office box of an office box of a b	elow, provide contact ir ut-of-area address. Number, City where c BLVD N, APT	nformation for scheduling an a ampaign books will be avai L,ISSAQUAH	appointment and the addres	s where the	nspection will t	ccept Saturdays, Sundays, and legal ake place. It is not acceptable to provide
11. CERTIFICATION: I certify that this report i	s true, complete and co	ampaign at (telephone, fax, e- rrect to the best of my knowle	·		<u> </u>	
Candidate's Signature RYAN D BURKETT			ſ	Date 5-16-2	018	
L						