

Candidate Registration

C1
(1/2008)

100833225

(360) 753-1111 Toll Free 1-877-601-2	Registi	alion		(1/2008)	05-31-2018
Candidate's Name (Give candidate's full name	.)				Telephone Number
MARK SMITH					360-751-4400
Candidate's Committee Name (Do not abbrevi	ate.)				Fax Number
ELECT MARK SMITH	,				
Mailing Address					Candidate's E-Mail Address
P. O. BOX 555					ELECTMARKSMITH@GMAIL.COM
City	County		Zip + 4		Campaign E-Mail Address
KELSO	COWLITZ	98	626		ELECTMARKSMITH@GMAIL.COM
What office are you running for?		District, County or City		Position No.	Do you now hold this office?
STATE REPRESENTATIVE	LEG DISTRI	CT 20 - HOUSE		2	Yes No X
2. Political party (if partisan office)			3. Date of g	eneral or specia	al election
INDEPENDENT			11/06/2	2018	
How much do you plan to spend during the reporting options below. If no box i and changing reporting options. Option I MINI REPORTING: In ad and local voters pamphlets. I will not	s checked you are obligated to us	se Option II, Full Reporting, I will raise and spend n	. See instruction of more than \$	tion manuals f	or information about reports required
X Option II FULL REPORTING: I wil	I use the Full Reporting system. I w	vill file the frequent, detailed	campaign rep	orts required by	ı law.
5. Treasurer's Name and Address. Does treasurer perform only ministerial functions? Yes No _X See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet.					Daytime Telephone Number
DAWN SMITH P. O. BOX 947, KELSO WA 98626					360-749-6799
Committee Officers and other persons w	ho authorize expenditures or make o	decisions on your behalf. Li	st name, title :	and address. S	ee next page for definition of "officer."
MARK SMITH, CHAIR, P. O.	BOX 947, KELSO WA	98626			☐ Continued on attached sheet.
Campaign Bank or Depository		Branch			City
RED CANOE		CASTLE ROCK			CASTLE ROCK, WA
RED CANCE Related or Affiliated Political Committees	List name, address and relationsh				CASTLE ROCK, WA
10. Campaign books must be open to the pu holidays. In the space below, provide co a post office box or an out-of-area addres. Street Address, Room Number, City w 14000 SPIRIT LAKE HWY In order to make an appointment, contact. 11. CERTIFICATION: I certify that this report is true, complete a Candidate's Signature.	ntact information for scheduling an ass. here campaign books will be avai TOUTLE the campaign at (telephone, fax, e-	appointment and the addres lable for inspection mail):360-749-6799	s where the ir	spection will ta	
MARK SMITH		0	5-31-20	18	