

Candidate Registration

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(1/2008)

100839852 AMENDS 100821857

| (360) 753-1111 | ixegisti | ation | (1/2008) | 100821857 |
|--|--|----------------------------------|--------------------------------|---|
| Toll Free 1-877-6 | ,01-2828 | | () | 06-22-2018 |
| Candidate's Name (Give candidate's full na | ame.) | | I | Telephone Number |
| MATTHEW A BOEHNKE | | | | 509-946-5406 |
| Candidate's Committee Name (Do not abb | reviate.) | | | Fax Number |
| COMMITTEE TO ELECT MATT | ' BOEHNKE | | | |
| Mailing Address | | | | Candidate's E-Mail Address |
| 6855 W. CLEARWATER AVE, | SUITE 101BOX144 | | | VOTEBOEHNKE4HOUSE@GMAI |
| City | County | | Zip + 4 | Campaign E-Mail Address |
| KENNEWICK | BENTON | 99 | 336 | VOTEBOEHNKE4HOUSE@GMAI |
| 1. What office are you running for? | Legislative | District, County or City | Position No. | Do you now hold this office? |
| STATE REPRESENTATIVE | LEG DISTRI | CT 08 - HOUSE | 2 | Yes No X |
| 2. Political party (if partisan office) | | | 3. Date of general or speci | al election |
| REPUBLICAN | | | 11/06/2018 | |
| 4. How much do you plan to spend du | | | | sed on that estimate, choose one of for information about reports required |
| and changing reporting options. | ox is checked you are obligated to us | se Option II, Full Reporting | g. See mstruction manuals | ioi information about reports required |
| Ontion I MINI DEPORTING | n addition to my filing fee of \$ | Lwill raige and append | no mara than \$5 000, includin | a any charges for inclusion in state |
| | Il not accept more than \$500 in the agg | | | ig any charges for inclusion in state |
| X Option II FULL REPORTING: | I will use the Full Reporting system. I w | vill file the frequent, detailed | campaign reports required b | y law. |
| Treasurer's Name and Address. Doe | es treasurer perform only ministerial fund | ctions? Ves Y No. Se | ae WAC 300-05-243 and | Daytime Telephone Number |
| next page for details. List deputy trea | | | Continued on attached sheet. | |
| JASON MICHAUD P.O. BOX 581, TACOMA W | 7 09401 | | | 253-220-5590 |
| F.O. BOX 381, TACOMA W. | A 90401 | | | |
| | | | | |
| 7. Committee Officers and other person | ns who authorize expenditures or make o | decisions on your behalf. L | ist name, title and address. S | See next page for definition of "officer." Continued on attached sheet. |
| Campaign Bank or Depository | | Branch | | City |
| BANNER BANK | | CLEARWATER | | KENNEWICK |
| Related or Affiliated Political Commit | tees. List name, address and relationsh | nip. | | ☐ Continued on attached sheet. |
| | | | | cept Saturdays, Sundays, and legal ake place. It is not acceptable to provide |
| • | ty where campaign books will be avai | ilable for inspection | | |
| In order to make an appointment, cor | ntact the campaign at (telephone, fax, e- | -mail): 253-220-559 | O JASON@ELECTN | W.COM |
| CERTIFICATION: I certify that this report is true, complete | ete and correct to the best of my knowle | edge. | | |
| Candidate's Signature | | | Date | |
| MATTHEW A BOEHNKE | | (| 06-22-2018 | |