

Candidate Registration

C1(1/2008)

100871846

OLYMPIA WA 98504-0908 (360) 753-1111	Registration	(1/2008)	
Toll Free 1-877-601-2828			11-01-2018
Candidate's Name (Give candidate's full name.)		I	Telephone Number
ERIC J SULLIVAN			206-371-7913
Candidate's Committee Name (Do not abbreviate.)			Fax Number
SEATTLE CITY COUNCIL			
Mailing Address			Candidate's E-Mail Address
7815 S. 114TH ST.			ESULLI49@GMAIL.COM
City	County	Zip + 4	Campaign E-Mail Address
SEATTLE KIN		8178	ESULLI49@GMAIL.COM
What office are you running for?	Legislative District, County or City	Position No.	Do you now hold this office? Yes X No
CITY COUNCIL MEMBER 2. Political party (if partisan office)	CITY OF SEATTLE	NA 3. Date of general or special	
			di election
DEMOCRAT 4. How much do you plan to spend during your enti	ire election campaign, including the primary	11/05/2019 and general elections? Bas	sed on that estimate, choose one of
the reporting options below. If no box is checked		· ·	•
and changing reporting options.			
	y filing fee of \$, I will raise and spend		g any charges for inclusion in state
	ore than \$500 in the aggregate from any contributo	, ,	
X Option II FULL REPORTING: I will use the Fu	ull Reporting system. I will file the frequent, detaile	d campaign reports required by	y law.
5. Treasurer's Name and Address. Does treasurer per			Daytime Telephone Number
next page for details. List deputy treasurers on attact ERIC J SULLIVAN	ched sneet.	Continued on attached sheet.	206-371-7913
7815 S. 114TH ST., SEATTLE, WA	98178		
7. Committee Officers and other persons who authorize	e expenditures or make decisions on your behalf.	List name, title and address. S	isee next page for definition of "officer." Continued on attached sheet.
Campaign Bank or Depository	Branch		City
U.S. BANK	SKYWAY PARK		SEATTLE
Related or Affiliated Political Committees. List name			Continued on attached sheet.
Campaign books must be open to the public by apparaisable. In the space below, provide contact inform a post office box or an out-of-area address.	nation for scheduling an appointment and the addre		
Street Address, Room Number, City where camp 7815 S. 114TH ST., SEATTLE In order to make an appointment, contact the campa	-	3 ESULLI49@GMA	IL.COM
CERTIFICATION: I certify that this report is true, complete and correct			
ERIC J SULLIVAN	Candidate's Signature Date ERIC J SULLIVAN 11-01-2018		