

<p>PUBLIC DISCLOSURE COMMISSION</p>  <p>711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828</p>		<h1 style="margin: 0;">Candidate Registration</h1>		<h1 style="margin: 0; font-size: 48px;">C1</h1> <p style="margin: 0;">(1/2008)</p>		<p style="font-size: 18px;">100883221</p> <p style="font-size: 18px;">02-04-2019</p>	
Candidate's Name (Give candidate's full name.)						Telephone Number	
SHARON BROWN						509-947-5383	
Candidate's Committee Name (Do not abbreviate.)						Fax Number	
FRIENDS OF SHARON BROWN							
Mailing Address						Candidate's E-Mail Address	
7620 WEST 21ST AVENUE						LCHILDERS2B@CHARTER.NET	
City		County		Zip + 4		Campaign E-Mail Address	
KENNEWICK		BENTON		99338		LCHILDERS2B@CHARTER.NET	
1. What office are you running for?		Legislative District, County or City		Position No.		Do you now hold this office?	
STATE SENATOR		LEG DISTRICT 08 - SENATE		NA		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. Political party (if partisan office)				3. Date of general or special election			
REPUBLICAN				11/08/2022			
<p>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.</p> <p><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.</p> <p><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.</p>							
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.						Daytime Telephone Number	
ELLA CHILDERS 7620 WEST 21ST AVENUE, KENNEWICK WA 99338						509-947-5383	
<p>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.</p> <p style="text-align: right;"><input type="checkbox"/> Continued on attached sheet.</p>							
<p>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."</p> <p>SHARLA MARSHALL, MANAGER, 6606 WEST 20TH AVENUE, KENNEWICK WA 99338</p> <p style="text-align: right;"><input type="checkbox"/> Continued on attached sheet.</p>							
8. Campaign Bank or Depository				Branch		City	
GESA CREDIT UNION				UNION STREET		KENNEWICK	
9. Related or Affiliated Political Committees. List name, address and relationship.							
<p>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.</p> <p>Street Address, Room Number, City where campaign books will be available for inspection 7620 WEST 21ST AVENUE, KENNEWICK In order to make an appointment, contact the campaign at (telephone, fax, e-mail): 509-947-8353 LCHILDERS2B@CHARTER.NET</p>							
<p>11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge.</p> <p>Candidate's Signature SHARON BROWN</p> <p style="text-align: right;">Date 02-04-2019</p>							