

Candidate

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OLYMPIA WA 98504-0908 (360) 753-1111	registiatio	n	(1/2008)	
Toll Free 1-877-601-2828				02-12-2019
Candidate's Name (Give candidate's full name.)				Telephone Number
JOHN HINES				253-426-3784
Candidate's Committee Name (Do not abbreviate	.)			Fax Number
HINES FOR TACOMA				
Mailing Address				Candidate's E-Mail Address
PO BOX 7488				CAMPAIGN@HINESFORTACOM
City	County	Zip + 4		Campaign E-Mail Address
TACOMA	PIERCE	98417		CAMPAIGN@HINESFORTACOM
What office are you running for?	Legislative District, C	County or City	Position No.	Do you now hold this office? Yes No X
CITY COUNCIL MEMBER	CITY OF TACOMA	2 Date of	1	
Political party (if partisan office)		3. Date or	general or spec	lai election
NON PARTISAN 4. How much do you plan to spend during you	our ontire election campaign, includin	11/05/		sad on that astimate, chaosa one of
and local voters pamphlets. I will not a	on attached sheet. 18371 ons on your behalf <u>and</u> on behalf of other o	m any contributor except myse frequent, detailed campaign refees X _ No See WAC 390- Continued candidates or political committe	f. ports required b	Daytime Telephone Number 253-988-2455 title and address of these persons. See Continued on attached sheet.
Campaign Bank or Depository BANK OF AMEDICA	Branch			City
BANK OF AMERICA 9. Related or Affiliated Political Committees. L	iet name, address and relationship	LLUP		PUYALLUP Continued on attached sheet.
 10. Campaign books must be open to the public holidays. In the space below, provide conta a post office box or an out-of-area address. Street Address, Room Number, City wher 3718 19TH AVENUE CT SE, In order to make an appointment, contact the 11. CERTIFICATION: I certify that this report is true, complete and 	re campaign books will be available for PUYALLUP e campaign at (telephone, fax, e-mail):25	ent and the address where the inspection		ake place. It is not acceptable to provide
Candidate's Signature JOHN HINES		Date 02-12-2	n1 q	
COUN UTIVES		02-12-2	019	