

 PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828		<h1>Candidate Registration</h1>	<h1>C1</h1> (1/2008)
Candidate's Name (Give candidate's full name.) ANTON SAKHAROV		Telephone Number 425-516-8706	
Candidate's Committee Name (Do not abbreviate.) ANTON FOR GOVERNOR		Fax Number	
Mailing Address PO BOX 493		Candidate's E-Mail Address ANTON@ANTONSAKHAROV.COM	
City ISSAQUAH	County KING	Zip + 4 98027	Campaign E-Mail Address INFO@ANTONSAKHAROV.COM
1. What office are you running for? GOVERNOR		Legislative District, County or City GOVERNOR, OFFICE OF	Position No. NA
2. Political party (if partisan office) REPUBLICAN		3. Date of general or special election 11/03/2020	
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.			
<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.			
<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.			
5. Treasurer's Name and Address. Does treasurer perform <u>only</u> ministerial functions? Yes ___ No <input checked="" type="checkbox"/> See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet.		Daytime Telephone Number	
ANTON SAKHAROV PO BOX 493, ISSAQUAH WA 98027		425-516-8706	
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. <input type="checkbox"/> Continued on attached sheet.			
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." <input type="checkbox"/> Continued on attached sheet.			
8. Campaign Bank or Depository CITIZENS FIRST BANK	Branch BELLEVUE	City BELLEVUE	
9. Related or Affiliated Political Committees. List name, address and relationship. <input type="checkbox"/> Continued on attached sheet.			
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.			
Street Address, Room Number, City where campaign books will be available for inspection PO BOX 493, ISSAQUAH In order to make an appointment, contact the campaign at (telephone, fax, e-mail): 425-516-8706 INFO@ANTONSAKHAROV.COM			
11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge.			
Candidate's Signature ANTON SAKHAROV		Date	