## , FUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206

## Candidate

C1 DATE FILED PDC

	PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111	Registration	01	4 💆	
	Toll Free 1-877-601-2828	J	(1/2008)	JUN 1 7 2009	
Candidate	e's Name (Give candidate's full name.)		!	Telephone Number	
RAYMOND LEE BAKER.				(360) 425-8455	
Candidate's Committee Name (Do not abbreviate.)				Fax Number	
COMMETTER TO GREG RAYBAKER, LONGITER CATY CONTR				( )	
Mailing Address				Candidate's E-Mail Address	
$\perp$	05 15 TH D #274				
City	raview Co	County Zip+4 WITZ 43A, 98632		Campaign E-Mail Address	
What office are you running for?     Legislative District, County or City     Position No.     Do you now hold this office?					
Low	WEEL CAT Cantal	POSETT-NETT / LONGISTEN	7	Yes No 🔀	
2. Po	litical party (if partisan office)		general or specia	al election	
1	YON - PARTISAN				
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.					
Option I MINI REPORTING: In addition to my filing fee of \$ 10 -, 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.					
Option II FULL REPORTING: I will use the Full Reporting system. I will file the frequent, detailed campaign reports required by law.					
	asurer's Name and Address. Does treasurer perfor t page for details. List deputy treasurers on attache		-05-243 and nued on attached	Daytime Telephone Number	
she	et KRYSTINE BAKER			(360) 261-2685	
	3343 OLEVE WAY	Concreted, US 98632			
	rsons who perform only ministerial functions on you C 390-05-243 and next page for details.	r behalf and on behalf of other candidates or political committe	es. List name, t	itle and address of these persons. See	
	HA				
7. Co	mmittee Officers and other persons who authorize e	expenditures or make decisions on your behalf. List name, title	e and address. S		
sheet. Continued on attached					
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$\mathcal{H}/\mathcal{U}$					
	,				
8. Ca	mpaign Bank or Depository	Branch		City	
سم	ar & an Buil	(0, 1, 1994 -1994		1-1-1-1	
<u>) (</u> 9. Re	lated or Affiliated Political Committees. List name,	address and relationship.	-6-6	Continued on attached	
sl	neet.	·		_	
	N/A				
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					
In c	order to make an appointment, contact the campaign	n at (telephone, fax, e-mail): ( ) Rayl(C	6101	MSNI. COM	
	ndidate's Signature	Date	,		
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