PUBLIC DISCLOS	URE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828			
Candidate's Name (Give ca	ndidate's full name.)			
Eileen Barber				
Candidate's Committee Nam	ne (Do not abbreviate.)			
Friends to	Re Elect Eile			

Candidate

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DATE FILED PDC

	PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-801-2828	Registration	(1/2008)	APR 2 3 2009	
Candidate's Name (Give candidate's full name.) Telephone Number					
Eileen Barber			425-392-1467		
Candidate's Committee Name (Do not abbreviate.)				Fax Number	
Friends to	Re Elect Eileen E	3arber		()	
Mailing Address PO Box 86	4			candidate's E-Mail Address eileenb@jetcity.com	
City		County		Campaign E-Mail Addres	
Issaquah		King	98027-3914		
1. What office are yo	ou running for?	Legislative District, County or City	Position No.	Do you now hold this office?	
2 Issaquah (City Council	City of Issaquah	3	Yes X No .	
3. Political party (if parti	· · · · · · · · · · · · · · · · · · ·		4. Date of general or special	i	
Non Partis			Nov.3, 200		
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.					
		ng fee of \$, I will raise and spend no n \$500 in the aggregate from any contributor except i		ny charges for inclusion in state and	
X 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 an	d Address. Does treasurer perform	n <u>only</u> ministerial functions? Yes NoX Conti	nued on attached sheet.	Daytime Telephone Number	
Gail Broth	ers 201 Mt Park E	Blvd. F304 Issaquah Wa 🤉	98027	(425) 802 2271	
				(425) 802-2371	
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.					
None					
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." Continued on attached sheet.					
TBD					
				63	
8. Campaign Bank or D	, ,	Branch Gilman Blv	d	City	
Key Bank			u	Issaquah	
9. Related or Affiliated Political Committees. List name, address and relationship.					
None					
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 585 Mt Index PI SW Issaquah Wa 98027					
In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (425)392-1467					
11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge. Candidate's Signature Date 4-22-2009					
	- CEIVEYC				