			<u> </u>	
PUBLIC DISCLO	SURE COMMISSION	Candidata		DATE FILED PD
	711 CAPITOL WAY RM 206 PO BOX 40908	Candidate	C1	JUN <b>2 1</b> 2007
	OLYMPIA WA 98504-0908 (360) 753-1111	Registration		3011 2 1 2001
	Toll Free 1-877-601-2828	3	(3/06)	
Candidate's Name (Give candidate's full name.)				Telephone Number
Susan Boundy - Sanders Candidate's Committee Name (Do not abbreviate.)				(425) 485-0482
Candidate's Committee Name (Do not <sup>f</sup> abbreviate.)				Fax Number
• •				( )
Mailing Address				Candidate's E-Mail Address
17859 149 th. Av. NE  City Woodinville King 99072-6207				sbsand@hotmail.com
City County Zip +4				Campaign E-Mail Address
			2-6202	
1. What office are yo	•	Legislative District, County or City	Position No.	Do you now hold this office?
Council	•	Woodinville	6	Yes No 🗘
2. Political party (if pa			Date of general or speci	
	NP		Jovember 6	
4. How much do you	plan to spend during your entires below. If no box is absoluted a	re election campaign, including the primary and ge	eneral elections? Ba	sed 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.				
72				
Option I MINI REPORTING: In addition to my filing fee of \$ 72 , I will raise and spend no more than \$3,500, including any charges for inclusion in state and local voters pamphlets. I will not accept more than \$300 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.				
		, , , , , , , , , , , , , , , , , , , ,		,
5. Treasurer's Name	and Address. Candidate may be t	reasurer. List deputy treasurers on attached sheet.	Continued on attached	Daytime Telephone Number
sheet	Boundary Condon			
IZGEA	1 Agth 1. HE	14000 111 111 90072	-6707	(425) 485-0482
Susan Boundy - Sanders 17859 149th Av. NE, Woodinville, WA 98072-6202 (425) 485-0482  6. Committee Officers. List name, title and address. Continue on attached sheet if necessary. See reverse for definition of "officer."				
6. Committee Officers. List name, title and address. Continue on attached sheet if necessary. See reverse for definition of "officer."				
7. Campaign Bank or	Depository	Branch	,	City
Madain	ston Mutual	Woodinville		Woodinville
1 AONZAILA C	Svon marka	000000000000000000000000000000000000000		( Coocainorn C
8. Related or Affiliated	d Political Committees. List name,	address and relationship		<u> </u>
and to the state of the state o				
Campaign books m	guet he ones to the public by appoi	atmost between 9 are and 0 are districtly right down	h-f	Continued on attached sheet
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.			
		books will be available for inspection		
17859 149th Av. NE				
Woodinville, WA 98072-6202				
In order to make an appointment, contact the campaign at (telephone, fax, e-mail): ( )  10. CERTIFICATION:				
I certify that this report is true, complete and correct to the best of my knowledge.				
Candidate's Signature  Date  T  Date				
Sur Bdy - Sand 21 June 2007				
N	myour -			•