PUBLIC DISCLOSU	JRE COMMISSION				1
	711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111	Candidate Registration	1	C1	DATE FILED PDC JUN 2 2 2007
	Toll Free 1-877-601-2828	J		(3/06)	00112
Candidate's Name (Give c	andidate's full name.)	· · · · · · · · · · · · · · · · · · ·		<u> </u>	Telephone Number
PAUL DEAD	N CARROLL				(853) 272-6941
Candidate's Committee Na	me (Do not abbreviate.)				Fax Number
Mailing Address 521 N . K 51	Apt A				Candidate's E-Mail Address
City		County	78403	>	Campaign E-Mail Address
1. What office are your		Legislative District, Co	unty or City	Position No.	Do you now hold this office? Yes No
2. Political party (if parti	san office)			general or speci	
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 \$, 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 an sheet	d Address. Candidate may be to	reasurer. List deputy treasurers on	attached sheet. Continu	ed on attached	Daytime Telephone Number
					()
6. Committee Officers. List name, title and address. Continue on attached sheet if necessary. See reverse for definition of "officer."					
7. Campaign Bank or De	epository	Branch			City
. •		J. dilo.			City
Related or Affiliated Political Committees. List name, address and relationship.					
9. 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 order to make an ag	opointment, contact the campaig	n 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					
	Paul Caux	Ų	2	@/31/e	Γ¢.