


PUBLIC DISCLOSURE COMMISSION  <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828 </div>		<h2 style="margin: 0;">Candidate Registration</h2>		<div style="font-size: 2em; font-weight: bold;">C1</div> <div style="font-size: 0.8em;">(3/06)</div>		DATE FILED PDC MAY 17 2007	
Candidate's Name (Give candidate's full name.) William L. Casper					Telephone Number (253) 627-7400		
Candidate's Committee Name (Do not abbreviate.) N/A					Fax Number (253) 627-4715		
Mailing Address 3149 Walker Rd					Candidate's E-Mail Address bcasper36@msn.com		
City Du Pont		County Pierce		Zip + 4 98327		Campaign E-Mail Address N/A	
1. What office are you running for? Port of Tacoma Commission				Legislative District, County or City 3		Position No. 3	
2. Political party (if partisan office)				3. Date of general or special election Aug, Nov 2007			
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 checked="" type="checkbox"/> 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.							
<input 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. Candidate may be treasurer. List deputy treasurers on attached sheet. <input type="checkbox"/> Continued on attached sheet						Daytime Telephone Number (253) 627-7400	
William Casper							
6. Committee Officers. List name, title and address. Continue on attached sheet if necessary. See reverse for definition of "officer." <input type="checkbox"/> Continued on attached sheet							
N/A							
7. Campaign Bank or Depository Wamu				Branch University Place		City University Place	
8. Related or Affiliated Political Committees. List name, address and relationship. <input type="checkbox"/> Continued on attached sheet							
N/A							
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 6830 19th St. West University Place 98466							
In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (253) 627-7400							
10. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge.							
Candidate's Signature W.L. Casper						Date 5/17/07	

SEE INSTRUCTIONS ON REVERSE