

Candidate Registration

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(1/2008)		

AMENDED

DATE FILED PDC

MAR 25 2010

Toll Free 1-8//-001-2828			11AN 23 2010
andidate's Name (Give candidate's full name.)			Telephone Number
Joseph Clark Fitzgibbon			(206) 949-5127
andidate's Committee Name (Do not abbreviate.)			Fax Number
Friends of Joe Fitzgibbo	n		()
Mailing Address			Candidate's E-Mail Address
PO Box 66110			jcfitzgibbon@gmail.com
ity	County	Zip + 4	Campaign E-Mail Address
Burien	King	98166	info@joefitzgibbon.com
What office are you running for?	Legislative District, County or City	Position No. 2	Do you now hold this office? Yes No
State Representative	Leg District 34		
2. Political party (if partisan office)		3. Date of general or special 11/02/2010	al election
Democrat How much do you plan to spend during your	ting the primary including the primary		ased on that estimate choose one of
the reporting options below. If no box is check and changing reporting options. Option I MINI REPORTING: In addition to	ked you are obligated to use Option II, Full Reporting to the second sec	ng. See instruction manuals for no more than \$5,000, including	or information about reports required
	re than \$500 in the aggregate from any contributor exce		lanu
_ .	e Full Reporting system. I will file the frequent, detailed	a campaign reports required by	
 Treasurer's Name and Address. Does treasurer page for details. List deputy treasurers on attached 		See WAC 390-05-243 and next Continued on attached sheet.	Daytime Telephone Number
Jeff Upthegrove			(360) 362-3180
16431 12 th Ave SW			
	n your behalf and on behalf of other candidates or polit		
Committee Officers and other persons who author	orize expenditures or make decisions on your behalf. L	List name, title and address. Se	e next page for definition of "officer." Continued on attached sheet.
Christi Stapleton, Deputy Treasure			
3. Campaign Bank or Depository	Branch		City
Watermark Credit Union	n Burien		Burien
Related or Affiliated Political Committees. List no	ame, address and relationship.		Continued on attached sheet.
holidays. In the space below, provide contact infepost office box or an out-of-area address. Street Address, Room Number, City where ca 400 152 nd St SW, Burien	· ·	ess where the inspection will tak	ept Saturdays, Sundays, and legal e place. It is not acceptable to provide a
In order to make an appointment, contact the can 11. CERTIFICATION:	npaign at (telephone, fax, e-mail): (206) 949-512	<u> </u>	
I certify that this report is true, complete and corre Candidate's Signature	ect to the best of my knowledge.	Date	
1 7AHon		3-24-20	10
N/***			SEE INSTRUCTIONS ON NEXT PAGE