PUBLIC	DISCLOS	JRE COMMISSION
	G	711 CAPITOL WAY RM PO BOX 40908 OLYMPIA WA 98504-09 (360) 753-1111

Candidate

C1 DATE FILED PDC

	OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828	Registration		(3/06)	JUL 1 6 2007		
Candidate's Name (Giv	e candidate's full name.)			<u> </u>	Telephone Number		
i auc	FOSTER				(509) 925-5275		
Candidate's Committee	Name (Do not abbreviate.)				Fax Number		
	•				(')		
Mailing Address	3rd Ave			·	Candidate's E-Mail Address		
Ellensbur	rg	County,	989Z	6	Campaign E-Mail Address		
1. What office are you	7 1 ·	Legislative District, County EllenSburg	or City	Position No.	Do you now hold this office? Yes No		
2. Political party (if p	artisan office)		3. Date of	3. Date of general or special election			
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 \$ 5							
5. Treasurer's Name	e and Address. Candidate may be	treasurer. List deputy treasurers on attac	ched sheet.	d on attached	Daytime Telephone Number		
sheel	,						
Z O Baal		Benneh			City		
7. Campaign Bank o	or Depository	Branch			City		
8. Related or Affiliate	ed Political Committees. List name	e, address and relationship.					
					Continued on attached sheet		
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 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							
1 - 1							