PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206	Candidate		RECEIVED
PO BOX 40908 OLYMPIA WA 98504-0908	Registration	C1	AUG 1 1 2009
(350) 753-1111 Toll Free 1-877-601-2828	Registration	(1/2008)	
			Public Disclosure Commission
Candidate's Name (Give candidate's full name.)	(lie		Telephone Number
Candidate's Committee Name (Do not abbreviate.)	(ON)		()
Candidate's Committee Name (Do not abbreviate.)			Fax Number
Mailing Address	2	11000	Candidate's E-Mail Address
338 Central	Ave CH 9	9023	
City Menlo Park	County Zi	p + 4	Campaign E-Mail Address
What office are you running for?	Legislative District, County or City	Position No.	Do you now hold this office? Yes No
2. Political party (if partisan office)	15th		<u> </u>
Democratic	3. 1	Date of general or speci	al 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 \$ 414, I will raise and spend no more than \$5,000, including any charges for inclusion in state and local voters pamphlets. I will not accept more than \$500 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.			
Treasurer's Name and Address. Does treasurer perf page for details. List deputy treasurers on attached s		C 390-05-243 and next nued on attached sheet.	Daytime Telephone Number
Self			()
6. Persons who perform only ministerial functions on your behalf and on behalf of other candidates or political committees. List name, title and address of these persons. See WAC 390-05-243 and next page for details.			
390-05-243 and next page for details.			
SelF			
7. Committee Officers and other persons who authorize expenditures or make decisions on your behalf. List name, title and address. See next page for definition of "officer." Continued on attached sheet.			
self			
8. Campaign Bank or Depository	Branch NA		City NA
Related or Affiliated Political Committees. List name	, address and relationship.	· - · · · ·	Continued on attached sheet.
NC	\		
10. Campaign books must be open to the public by appo	intment between 8 a.m. and 8 p.m. during the eight days b	efore the election, exce	pt 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

774 8422 In order to make an appointment, contact the campaign at (telephone, fax, e-mail):

11. CERTIFICATION:

I certify that this report is true, complete and correct to the best of my knowledge.

Candidate's Signature

Date

08/01/09