

Candidate Registration

C1

DATE FILED PDC AUG 0 1 2007

Candidate's Name (Give candidate's full name.)			Telephone Nur	mbers
DAMON J. GRAY			(360)22	24-3547
Candidate's Committee Name (Do not abbreviate.)				
Friends of Damon for Ward 4				
Mailing Address			Fax Number	
PO Box 31842				
City County	Zip + 4 E-Mail		E-Mail Address	\$
Bellinghan WHATCOM	98228			info@damonjgray.org
	istrici, County or City F BELLINGHAM		Position No. 4	Do you now hold this office? Yes No X
2. Political party (if partisan office)		3. Date of g	eneral or specia	d election
ON PARTISAN 11/06/2007				
How much do you plan to spend during your entire election campaign, inclusive reporting options below. If no box is checked you are obligated to use Option changing reporting options. Option 1 MINI REPORTING: In addition to my filing fee of and local voters pamphiets. I will not accept more than \$300 in the aggre	n II, Full Reporting. See , I will raise and spend r gate from any contributor	instruction in the more than the more than the mysel	manuals for inf i3,500, including f.	ormation about reports required and
5. Treasurer's Name and Address. Candidate may be treasurer. List deputy treasure	are on attached sheet 5	Continued or	affacture shows	Daytime Telephone Number
Joni Russell 1621 Cornwall Avenue Bellingham, WA 98225			(360) 756-1010	
B. Committee Officers. List name, title and address. Continue on attached sheet if necessary. See reverse for definition of "officer."			☐ Continued on attached sheet	
VINCE BUYS,CAMPAIGN MGR,PO BOX 31842 BELLI JONI RUSSELL,TREASURER,1621 CORNWALL AVENU	E BELLINGHAM	, WA ,98	225	
7. Campaign Bank or Depository	Branch			City
Whatcom Educational Credit Union	Barkley Villa	ge		Bellingham
Related or Affiliated Political Committees. List name, address and relationship.		***************************************		
7. 9. Campaign books must be open to the public, except on a weekend or legal holiday between 8 a.m. and 8 p.m.; if the eighth day is a legal holiday — two consecutive he appointment between 8 a.m. and 8 p.m. Specify location and hours below. It is no Street Address, Room Number, City To be determined: Bellingham	ours on the seventh day b at acceptable to provide a	etween 8 a.m. post office bo	and 8 p.m.; and x or an out-of-ar H	(b) on the other weekdays, by
In order to make an appointment, contact the campaign at (telephone, fax, e-mail):	(360) 756-1010	360)	56-1011	
 CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge. 				
Candidate's Signature		Date	7-7	0-07
Samoff				
Please advise us about which forms and instructions you need. Remember, c Statement (F-1) unless a current one is already on file with PDC. Check all bo I already have financial affairs and campaign disclosure forms and instructi I am using Mini Reporting and, therefore, do not need the other campaign of filed my Financial Affairs Statement and need no additional F-1 forms. I will obtain all forms and instructions from my county elections office. I want PDC to mail me:	xes that apply. ons. lisclosure forms. In addit		Dis OF Pady CC CC	stribution of This Report: ttGINAL Public Disclosure Commission PY County Elections Office (Auditor) PY Your own records ole: City candidates contact City Clerk to olif local filling is required.)
I want PDC to mail me: the F-1 instruction booklet (which includes forms) the appropriate campaign disclosure forms and instructions.				a is seems thank to confinion.)