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PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WAY RM 206 PO BOX 40908 OLYMMA WA 98504-0908 (340) 753-1111 Toli Free 1-877-401-2828	Candidate Registration	<b>C1</b> (1/2008)	DATE FILED PDC JUL - 6 2009
Candidate's Name (Give candidate's full name.)  Candidate's Committee Name (Do not abbreviate.)  Mailing Address	Û.		Fax Number (So 9) 376 836)  Candidate's E-Mail Address
City DEER PARK  1. What office are you running for?	County  POKON E  Legislative District, County or City	Position No.	Campaign E-Mail Address  Do you now hold this office?
2. Political party (if partisan office)  4. How much do you plan to spend during your entire	DEER PARIC.	3. Date of general or spec	39
Treasurer's Name and Address. Does treasurer performent page for details. List deputy treasurers on attact.	filing fee of \$	no more than \$5,000, includir r except myself. d campaign reports required b	ng any charges for inclusion in state
6. Persons who perform only ministerial functions on you WAC 390-05-243 and next page for details.	ur behalf <u>and</u> on behalf of other candidates or pol	itical committees. List name,	title and address of these persons. See
NA			
7. Committee Officers and other persons who authorize sheet.	expenditures or make decisions on your behalf.	List name, title and address.	See next page for definition of "officer."  Continued on attached
8. Campaign Bank or Depository	Branch .		City
9. Related or Affiliated Political Committees. List name, sheet.	address and relationship.		Continued on attached
10. 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): (

11. CERTIFICATION:

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

Date

7-4-09