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9/21/09

SEP 2 2 2009

Public Disclosure Commission

Public Disclosure Commission 711 Capitol Way Rm. 206 PO Box 40908 Olympia WA 98504-0908

DATE FILED PDC SEP 2 1 2009

To Whom It May Concern:

I wish to request to change my PDC reporting option from "mini reporting" to "full reporting" effective 9/21/09.

I have notified my opponent in writing by letter addressed to the mailing address noted on his PDC C1 form. This letter was mailed 9/21/09 and was sent by first class mail.

I have included a copy of the letter sent to him.

I have also included a new C1 form and have filed a copy with the Kitsap County elections officer.

I have also included a C-3 form and C-4 form will be submitted before Oct 13, 2009.

Please contact me if there is additional submittals I should be making.

Thank you very much for the communications and reminders you have provided thus far.

Cultian Gregory

Gillian Gregory

Candidate for Re-Election

Positition #4, North Kitsap Fire and Rescue

(360) 297-4082 hm phone

wk phone – pvt – please do not release

cell - pvt - please do not release

1	PUBLIC DISCLOS	URE COMMISSION	Candid	ato			DATE FILED PDC	
6		711 CAPITOL WAY RM 206 PO BOX 40908		_		C1	Ditte a land in DC	
		OLYMPIA WA 98504-0908 (360) 753-1111 Toli Free 1-877-801-2828	Registr	ration		(1/2008)	SEP 2 1 2009	
Candidate's Name (Give candidate's full name.)							Telephone Number	
Gillian Gregory							(360) 297-4082	
							Fax Number	
Candidate's Committee Name (Do not abbreviate.) Gillian Fax Number (Committee to Re-Elect Gregory For Fire Commissioner ()								
Mailing Address POBOX 905							Candidate's E-Mail Address	
City	Vinceto	A !	County		Zip + 4		Campaign E-Mail Address	
	Kingsto		KitSAP		98346			
1.	What office are you		-	District, County or City		Position No.	Do you now hold this office? Yes No	
_			Northk	LITSAP	10.50.00	#4	<u> </u>	
2.	Political party (if part	isan office)			1	general or specia		
4 -	N JA	lan to spend during your er	ntire election campaign	including the primary		UUV		
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 \$, 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.								
5.	Treasurer's Name ar	nd Address. Does treasurer per deputy treasurers on attached	rform only ministerial funct	tions? Yes 🟃 No S	ee WAC 390-0	5-243 and next	Daytime Telephone Number	
1		deputy treasurers on attached	sneet.	L	_ Continued on a	attached sheet.	(360) 297-7077	
Į	1 1 1	541 GA M'S	10 Race	1 115 Ki	Netra	: 4834,	(30) 21, 121	
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.							
	NONE							
	•							
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."								
	NONE							
							ļ	
1								
8.	Campaign Bank or D			Branch	/ (City Ca-44/a	
	FirstTe	ech Credit	Union	Seati	r 1e		Seattle	
9.		Political Committees. List name		p.			Continued on attached sheet.	
	NON	JP.						
10.	holidays. In the space	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 colidays. 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 cost office box or an out-of-area address.						
				•		•		

11. CERTIFICATION:
| Certify that this report is true, complete and correct to the best of my knowledge.
| Candidate's Signature | Date | 9-21-09|

Street Address, Room Number, City where campaign books will be available for inspection 2990 Sea Her Ra NE King StoN In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (360) 297-408

9/21/09

D. Scott Henden 26124 Calvary Ln NE Kingston WA 98346

Dear Mr. Henden:

I wish to inform you that in compliance with the standards and guidelines set forth by the Public Disclosure Commission of Washington State, I will be changing my campaign filing status to "Full Reporting," effective immediately.

Gillian Gregory

Kingston WA 98346