PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206	Candidate	C1	DATE FILED PDC
OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828	Registration	(1/2008)	JUL -9 2009
Candidate's Name (Give candidate's full name.)			Telephone Number
ROBERT & GROWN	012		(509) 397-4250
POBCRT & CRONN Candidate's Committee Name (Do not abbreviate.)			Fax Number
とうに			(),4025=
Mailing Address			Candidate's E-Mail Address
5-810 ALMOTAST			BCROWA 92 ESTSOL NEAR
City	County	Zip + 4	Campaign E-Mail Address
1. What office are you running for?	Legislative District, County or City	Position No.	Do you now hold this office?
PORT COMMENCE ON	•	Der 7	
2. Political party (if partisan office)	WANNEX	3. Date of general or speci	
, , , ,		11-3-09	
Option II FULL REPORTING: I will use the Full Treasurer's Name and Address. Does treasurer per	ore than \$500 in the aggregate from any contribute all Reporting system. I will file the frequent, detaile form only ministerial functions? Yes No	or except myself. ad campaign reports required because the second secon	ng any charges for inclusion in state y law. Daytime Telephone Number
next page for details. List deputy treasurers on attacksheet.	•	Continued on attached	()
Persons who perform only ministerial functions on you WAC 390-05-243 and next page for details. sheet.	our behalf <u>and</u> on behalf of other candidates or pol	litical committees. List name,	title and address of these persons. See
7. Committee Officers and other persons who authorize sheet.	e expenditures or make decisions on your behalf.	List name, title and address.	See next page for definition of "officer." Continued on attached
ND			
8. Campaign Bank or Depository	Branch		City
Related or Affiliated Political Committees. List name	a. 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.

Candidate's Signature

7-9-09