

Candidate Registration

C1

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AUG 08 2007

				Public Disclosure Commission
ndidate's Name (Give candidate's ful	Il name.)		Telephone N	umbers
Cory S Henson			(509) 526-4313	
didate's Committee Name (Do not a	abbreviate.)			
ommitte to Elect Co				
ling Address			Fax Number	
355 Lanette Circle			,	
y Bancette Circle	County	Zip + 4	E-Mail Addre	*55
v alla Walla	WALLA WALLA	99362		hensoncs64@hotmail.com
		slative District, County or City	Position No.	Do you now held this office?
What office are you running for? ORT COMMISSIONER		VALLA WALLA CO	1	Yes No 🛛
Political party (if partisan office)	•		3. Date of general or spec	ial election
ON PARTISAN			08/21/2007	
reporting options below. If no bor changing reporting options. Option I MINI REPORTIN and local voters pamphlets.	k is checked you are obligated.to.us IG: In addition to my filing fee of 1 will not accept more than \$300 in t	se Option II, Full Reporting. Set I will raise and spend the aggregate from any contributo	e instruction manuals for li no more than \$3,500, includi r except myself.	on that estimate, choose one of the information about reports required and and any charges for inclusion in state
	NG: I will use the Full Reporting systematics and the systematics of the system of the			
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Attachment to C1 - Candidate Registration

Name Cory Henson

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AUG 08 2007

Public Disclosure

Commission 5. Deputy Treasures Name and Address. MICHELE HENSON 3355 LANETTE CIRCLE WALLA WALLA, WA 99362 6. Committee Officers, List Name, title and address.