

## **Candidate**

C1 DATE FILED PDC

-	(360) 753-1111 Toll Free 1-877-801-2828	Registration	(1/2008)	UCT 1 8 2009
	didatala Nama (Cina Adidatala full)			
Can	didate's Name (Give candidate's full name.)	Joakson		Telephone Number
Can	didate's Committee Name (Do not abbreviate.)	STOROR		(366)6890316 Fax Number
				(2)
Mail	ng Address P.D. Box 2012			Candidate's E-Mail Address
City	Romenton, WA	County	Zip + 4 93310	Campaign E-Mail Address
1.	What office are you running for?	Legislative District, County or City	Position No.	Do you now hold this office?  Yes No
2.	Political party (I partisan office)		3. Date of general or specia	al election
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 \$ / / 5 / , 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 and Address. Does treasurer perform page for details. List deputy treasurers on attached shee	t. , [	Gee WAC 390-05-243 and next  Continued on attached sheet	Daytime Telephone Number
	Michael Shept	. Bremerton	n Wa.	(360)731-3085
6.	Persons who perform only ministerial functions on your b WAC 390-05-243 and next page for details.	ehalf <u>and</u> on behalf of other candidates or poli	lical committees. List name, til	le and address of these persons. See  Continued on attached
	Michael Shaphard 1512 gan St R			
	1512 9th St 18	ilem WA		
7.	Committee Officers and other persons who authorize exp	penditures or make decisions on your behalf. L	ist name, title and address. Se	e next page for definition of "officer."
	Michael Stephard			
	1512 9th St. Bez	m qua		
			,	
8.	Campaign Bank or Depository	Branch		City
	int/It			
9.	Related or Affiliated Political Committees. List name, add	dress and relationship.		☐ Continued on attached sheet
10.				
	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  360-731-300  In order to make an appointment, contact the campaign at (telephone, fax, e-mail):			
11.				
, 1.	I certify that this report is true, complete and correct to the best of my knowledge.  Candidate's Signature  Date			
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