PUBLICDI	ECLOSURE COMMISSION			DATE FILED PDC
	711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828	Candidate Registration	C1 (1/2008)	JUN 15 2009
	(Give candidate's full name.) ittee Name (Do not abbreviate.)	ppler		Telephone Number (475) 392 35 71 Fax Number ()
Mailing Address	255 SE AV	ndreus st		Candidate's E-Mail Address
City	ssagivah	County King 9807	Zip+4 3417	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 part	y (if partisan office)		3. Date of general or spec	
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 FULL REPORTING: In addition to my filing fee of \$\frac{1}{2}\frac{1}				
				·
	Name and Address. Does treasurer perfor r details. List deputy treasurers on attach	rm <u>only</u> ministerial functions? Yes No S ed sheet.	Gee WAC 390-05-243 and Continued on attached	Daytime Telephone Number
sheet.			•	
7. Committee sheet.	Officers and other persons who authorize	expenditures or make decisions on your behalf. I and then and then aliany fee from ont no other led ang funds Branch	List name, title and address. W, Hdve W Personal	See next page for definition of "officer." Continued on attached Grade
	Spent and spe	ent no other	Ands	or
8. Campaign E	ank or Depository	Branch	<u> </u>	City
9. Related or A sheet.	Affiliated Political Committees. List name,	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 Date Date				
SEE INSTRUCTIONS ON NEXT PAGE				