	711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-801-2828	Candidate Registration	C1	DATE FILED PDC JAN 0 3 2007	
	date's Name (Give candidate's full name.)  Autorities Name (Do not abbreviate.)	n punci/	¥	Telephone Number (053) 845 - 2159 Fax Number ( )	
Mailir Lity	g Address  What Price are you running for?	County  County	Zip + 6 306 Position No.	Candidate's E-Mail Address Campaign E-Mail Address (Conf) Campaign E-Mail Address (Conf) Do you now hold this office?	
2.	Political party (if partisan office)	al District I Posit	3. Date of general or speci	Yes No No	
th ar	4. How much do you plan to spend during your entire election can:paign, 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 \$3.500 including any changes for inclusion in state and local voters pamphlets. I will not accept more than \$300 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. Candidate may be sheet	treasurer. List deputy treasurers on attached sheet	Continued on attached	Daytime Telephone Number  (253)845-2159	
6.	Committee Officers. List name, title and address. Company of the first man address.	Continue on attached sheet if necessary. See revers	e for definition of "officer."	☐ Continued on attached sheet	
7.	Campaign Bank or Depository  Sunt of America  TAPCO Credit Union	Someth A -	Tae	City Plenallip Tasoma	
8.	Related or Affiliated Political Committees. List nam	e, address and relationship.		· .	
9.	9. 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  333 555 556 557 557 557 557 557 557 557 557				
10.	In order to make an appointment, contact the camps CERTIFICATION: I certify that this report is true, complete and correct Candidate's Signature		Data	2-07	

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