PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828	Candidate Registration	. C1	DATE FILED PDC JUL 2 0 2007
Candidate's Name (Give candidate's full name) Stanley Candidate's Committee Name (Do not abbreviate)	y Lypmann		(206) 442-1467 Fax Number (706) 442-1405
Mailing Address / Am Am	e, Saik 902		Capdidate's E-Maily Address Stan & Stanforcity.org
1. What office are you running for?	County Un6 Legislative District, County or City	78 /2/ Position No.	Campaign E-Mail Address Stan Stantorcity.org Do you now hold this office?
What office are you running for? Seattle Cety Cety 2. Political party (if partisan office)	arried Pos 9	3. Date of general or spe	Yes No 🔼
NA How much do you plan to spend during your en	ntire election campaign, including the prima	ry 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 \$			
Treasurer's Name and Address. Candidate may be sheet	treasurer. List deputy treasurers on attached she	eet. Continued on attached	Daytime Telephone Number
Stanly Lyppina	Continue on attached sheet if necessary. See rev		t208)377-7594
none			
7. Campaign Bank or Depository Buth & America	old Se	etta	Seettle
8. Related or Affiliated Political Committees. List name			☐ Continued on attached sheet
 Campaign books must be open to the public by app holidays. In the space below, provide contact inform post office box or an out-of-area address. 	ointment between 8 a.m. and 8 p.m. during the ei nation for scheduling an appointment and the add	ght days before the election, earness where the inspection will to	xcept Saturdays, Sundays, and legal ake place. It is not acceptable to provide a
Street Address, Room Number, City where campaig 2033 6 th	Suite 902, S	ath WA, 98	171 stand) 2-1405 for 5 to fraily
10. CERTIFICATION: I certify that this report is true, complete and correct Candidate's Signature	to the best of my knowledge.	Date OF	
			SEE INSTRUCTIONS ON REVERSE