

Candidate Registration

C1

DATE FILED PDC

SEE INSTRUCTIONS ON NEXT PAGE

			APR 27 2009
Candidate's Name (Give candidate's full name.)			Telephone Number
Joseph (Joe) P Lonergan			(253) 473-1640
Candidate's Committee Name (Do not abbreviate.)			Fax Number
People for Joe Lonergan			()
Mailing Address			Candidate's E-Mail Address
418 E 72 nd Street			Joe@JoeLonergan.com
City	County	Zip + 4	Campaign E-Mail Address
Tacoma	Pierce	98404-5800	Info@JoeLonergan.com
What office are you running for? City Council	Legislative District, County or City Tacoma	Position No. 5	Do you now hold this office? Yes No No
Political party (if partisan office)		Date of general or specia	
N/A			, 2009
local voters pamphlets. I will not accept more to		g. See instruction manuals for o more than \$5,000, including a pt myself.	or information about reports required any charges for inclusion in state and
 Treasurer's Name and Address. Does treasurer perform only ministerial functions? Yes x No See WAC 390-05-243 and new page for details. List deputy treasurers on attached sheet. Elizabeth Lonergan, 418 E 72nd St, Tacoma, WA 98404 			
Elizabeth Lonergan, 418 E 72	St, Tacoma, VVA 98404		(253) 473-1640
TBD 7. Committee Officers and other persons who authorize	re expenditures or make decisions on your behalf. Lis	st name, title and address. Sei	e next page for definition of "officer." Continued on attached sheet.
Mike Lonergan, Manager 3	715 N. 27 th St., Tacoma, WA 98407		
8. Campaign Bank or Depository	Branch		City
Harborstone Credit Union	74 th Street Bra	nch	Tacoma
P. Related or Affiliated Political Committees. List nam	e, address and relationship.		Continued on attached sheet
holidays. In the space below, provide contact inform post office box or an out-of-area address. Street Address, Room Number, City where camp	ointment between 8 a.m. and 8 p.m. during the eight nation for scheduling an appointment and the address paign books will be available for inspection		
418 E. 72 nd Street, Tacoma, WA In order to make an appointment, contact the campa	aign at (telephone, fax, e-mail): (253) 473-164	0	
 CERTIFICATION: I certify that this report is true, complete and correct 		_	
Candidate's Signature		Date Cupril	22, 2009