## DATE FILED PDC

MAY **09** 2007

DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206

	PO BOX 40908 OLYMPIA WA 98504-0908	Candidate		1	
	(360) 753-1111 Toll Free 1-877-601-2828	Registration	(6/0	11)	
Candidate's Name (Give candidate's full name.)			Telepho	one Numbers	
Norm Maleng					
Candidate's Committee Na	<del></del>				
Citizens for Norm Maleng				)	
Mailing Address	<u> </u>		Fax Nu	mber	
PO Box 91	58		( )		
City	County	Zip + 4	E-Mail .	Address	
Seattle	King	98109			
1. What office are you runi	ning for?	Legislative District, County or City	Position	No. Do you now hold this office?	
Prosecuto	or	King County		Yes 🛭 No 🗌	
2. Political party (if partisar	ı office)		3. Date of general or	special election	
Rep	Republican No.		November	ovember 2, 2010	
the reporting options and changing reportin  Option I MIN voters pamphle	below. If no box is checked you g options.  I REPORTING: In addition to my filets. I will not accept more than \$300.	u are obligated to use Option II, Full Reporti- ling fee of \$, I will raise and spend no mo 0 in the aggregate from any contributor except Reporting system. I will file the frequent, detail	ing. See instruction man ore than \$3,500, including myself.	any charges for inclusion in state and local	
	ETTEL OTTING. TWIN doe me t div	rioporting system. Twin the the hequent, detail	ed campaign reports requ	inco by law.	
5. Treasurer's Name and Address. Candidate may be treasurer. List deputy treasurers on attached sheet.   Mike McKay 600 University Street #1601 Seattle, WA 98101			Daytime Telephone Number (206) 233-2805		
7. Campaign Bank or Depo	sitory	Branch		City	
US Bank	,,,,,,	6 <sup>th</sup> and Pike		Seattle, WA	
	tical Committees. List name, addre		<u> </u>	Geattle, VVA	
		eekend or legal holiday, during the eight days b	cofere the election. (a) energy	Continued on attached sheet	
between 8 a.m. and 8 p. appointment between 8 a	m.; if the eighth day is a legal holida a.m. and 8 p.m. Specify location an	ay – two consecutive hours on the seventh day at the hours below. It is not acceptable to provide	between 8 a.m. and 8 p.n	n.; and (b) on the other weekdays, by t-of-area address.	
Street Address,	Room Number, City			Hours [Two consecutive hours; see 9(a)]	
TBA					
	ntment, contact the campaign at (te	elephone, fax, e-mail): ( )			
<ol> <li>CERTIFICATION         <ul> <li>certify that this report in the control of the certification.</li> </ul> </li> </ol>	is true, complete and correct to the	best of my knowledge.	Date	_ / /	
		n'I Can	2	5/4/07	
Statement (F-1) unless a  I already have fin. I am using Mini R filed my Financial	current one is already on file wit ancial affairs and campaign discloss eporting and, therefore, do not need Affairs Statement and need no add ms and instructions from my county ill me:  the F-1 instruction both	d the other campaign disclosure forms. In addiditional F-1 forms.		Distribution of This Report:  ORIGINAL – Public Disclosure Commission  COPY – County Elections Office (Auditor)  COPY – Your own records  (Note: City candidates contact City Clerk to see if local filing is required.)	