PUBLIC DISCLOSURE COMMISSION	0 13.4		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	(1/2008)	JUN 1 6 2009
Candidate's Name (Give candidate's full name.) CHRLS MARK Candidate's Committee Name (Do not abbreviate.)	<i>(</i> 5		Telephone Number (425)941-9573 Fax Number ()
Mailing Address 1805 102 MP	1. SE		Candidate's E-Mail Address CMNK8 BAOL, CON
City Bellevue	County	98004	Campaign E-Mail Address Do you now hold this office?
1. What office are you running for? School Director 2. Political party (if partisan office)	Legislative District, County or City Bellevue	Position No. 3. Date of general or spec	Yes No 🗌
	entire election campaign, including the primary a	Nov. 3	,2009
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. Does treasurer next page for details. List deputy treasurers on sheet.	r perform only ministerial functions? Yes No Sattached sheet.	ee WAC 390-05-243 and Continued on attached	Daytime Telephone Number
6. Persons who perform only minis WAC 390-05-243 and next page sheet.	nning opposed.	ical committees. List name,	title and address of these persons. See
7. Committee Officers and other pe	ī	ist name, title and address.	See next page for definition of "officer."
sheet.			
8. Campaign Bank or Depository	Branch	,	City
Related or Affiliated Political Committees. List r sheet.	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): ()			
CERTIFICATION: I certify that this report is true, complete and cor Candidate's Signature		Date Clillac	7
Cen Warls		Bate 6/16/06	I