PUBLIC DISCLOSURE COMMISSION	0		
711 CAPITOL WAY RM 206 PO BOX 40908	Candidate	C1	DATE FILED PDC
OLYMPIA WA 98604-0908 (380) 783-1111 Tell Pree 1-877-601-2828	Registration	(1/2008	SEP - 9 2009
Candidate's Name (Give candidate's full name.) Martin P. "Marty"	Martinson		Telephone Number (206) 824-7491
Candidate's Committee Name (Do not abbreviate.)			Fax Number
Mailing Address 1016 S. 225th Ln			Candidate's E-Mail Address Martinpele @aol. (4)
Des Moines 1		3198-696	Campaign E-Mail Address
1. What office are you running for? Pool Metro Park District	Legislative District, County or City Des Moines	Position N Commissio	nerty Yes No
2. Political party (if partisan office) (none)		3. Date of general or s	
4. How much do you plan to spend during your entire election campaign, 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 \$			
Treasurer's Name and Address. Does treasurer perform		· · · · · · · · · · · · · · · · · · ·	
next page for details. List deputy treasurers on attached sheet.		Continued on attac	
(none)			
 Persons who perform only ministerial functions on your b WAC 390-05-243 and next page for details. sheet. 	ehalf <u>and</u> on behalf of other candidates or p	olitical committees. List na	me, title and address of these persons. See
(none)			
 Committee Officers and other persons who authorize exp sheet. 	enditures or make decisions on your behalf	List name, title and addre	ss. See next page for definition of "officer." Continued on attached
(none)			
8. Campaign Bank or Depository	Branch		City
(none)			į
 Related or Affiliated Political Committees. List name, add sheet. 	dress and relationship.		Continued on attached
(none)			
 Campaign books must be open to the public by appointm holidays. In the space below, provide contact information 			
a post office box or an out-of-area address. Street Address, Room Number, City where campaign	hooke will be available for increation		

(Same as above)
In order to make an appointment, contact the campaign at (telephone, fax, e-mail):

11. CERTIFICATION:

I certify that this report is true, complete and correct to the best of my knowledge.

Candidate's Signature