| PUBLIC DISCLOS  | ure commission                       |   |                                  | DATE ELLED DOG                                   |
|---|--------------------------------------|---|----------------------------------|--|
|   | 711 CAPITOL WAY RM 206               | Candidate                                 |                                  | DATE FILED PDC                                   |
|   | PO BOX 40908                         | Dogiotrotion                              |                                  | , [  |
|   | (380) 753-1111                       | Registration                              | * 1 no                           | оову APR - 7 2009                                |
|   | Toli Free 1-877-901-2828             |   | * Amende                         | d  |
| 0 71111   |                                      |   | 77                               | 71   |
| Candidate's Name (Give  | Telephone Number                     |   |                                  |  |
| Nancy L. McLaughlin   |                                      |   |                                  | (509)326-8230                                    |
| Candidate's Committee Name (Do not abbreviate.)   |                                      |   |                                  | Fax Number                                       |
| Friends of  | Nancy Mchaughlin                     | ٠   |                                  | (509) 326-6601                                   |
| Mailing Address   | ite eg i i i i                       |   |                                  |  |
| 4828 N.   | Storeno                              |   |                                  | Candidate's E-Mail Address                       |
|   | 3100.13                              |   |                                  |  |
| City Spokane  |                                      | County                                    | Zip+4                            | Campaign E-Mail Address                          |
|   |                                      | Spokane Legislative District, County o(   | 99205-522                        | 3 duttt@comcastinet                              |
| 1. What office are you  |                                      | Legislative District, County of           | City Position                    | ,          |
| City Cou  | cil                                  | District #3                               | 2                                | Yes 🗹 No 🗌                                       |
| 2. Political party (if part   | tisan office)                        |   | 3. Date of general of            | or special election                              |
| Non-Dartisan 11/3/09  |                                      |   |                                  | 9  |
| 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 R    | eporting. See instruction ma     | anuals for information about reports required    |
| and changing reports  | ng options.                          |   |                                  |  |
| Ontion   MINI   | REPORTING: In addition to my filing  | tee of \$ Lwill raise and                 | spend no more than \$5 000       | including any charges for inclusion in state     |
| and local voters  | pamphlets. I will not accept more th | an \$500 in the aggregate from any cor    | ntributor except myself.         | including any charges for inclusion in state     |
| -   |                                      | porting system. I will file the frequent, |                                  | uired by law                                     |
|   |                                      |   |                                  | ·  |
| 5. Treasurer's Name ar  | nd Address. Does treasurer perform   | only ministerial functions? Yes V         |                                  |  |
| next page for details. List deputy treasurers on attached sheet.  |                                      |   |                                  | <b>A</b>   |
| * Jeffrey A. F' Karen Jordan<br>* 1310 N. Maple St, Spokane, WA 99201-2710  |                                      |   |                                  | (509) 325-1040                                   |
| 1310/   | I. Maple St, Spokani                 | , WA 49201-2710                           |                                  |  |
| · · · · · · · · · · · · · · · · · · ·   |                                      |   | as additional committees. I list | name, title and address of these persons. See    |
| WAC 390-05-243 an   | d next page for details.             | and girly on benan or other candidates    | or political contrilitees. List  | Tarrie, title and address of these persons. See  |
| sheet.  |                                      |   |                                  |  |
| Na  |                                      |   |                                  |  |
|   |                                      |   |                                  |  |
|   |                                      |   |                                  |  |
|   |                                      |   |                                  |  |
| 7. Committee Officers a   | and other persons who authorize exp  | enditures or make decisions on your b     | ehalf. List name, title and add  | ress. See next page for definition of "officer." |
|   | •                                    | ,   |                                  | Continued on attached                            |
| sheet. Na   | _                                    |   |                                  |  |
| (-  |                                      |   |                                  |  |
|   |                                      |   |                                  |  |
|   |                                      |   |                                  |  |
|   |                                      |   |                                  |  |
|   |                                      |   |                                  |  |
|   |                                      |   |                                  |  |
|   |                                      |   |                                  |  |
| 8. Campaign Bank or D   | enceiton                             | Branch                                    |                                  | Lov  |
|   |                                      |   |                                  | City   |
| Numerica C  | redit Union                          | 5-Mile                                    |                                  | Spokane  |
|   | Political Committees. List name, add | ress and relationship.                    |                                  | Continued on attached                            |
| sheet.  |                                      |   |                                  |  |
| na  |                                      |   |                                  |  |
| •   |                                      |   |                                  |  |
| 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     |                                      |   |                                  |  |
| * 1310 N. Maple St.   |                                      |   |                                  |  |
| a post office box or an out-of-area address.  **T310 N. Maple St.  Street Address, Room Number, City where campaign books will be available for inspection  Spokaw, wh 99201-2710 |                                      |   |                                  |  |
|   |                                      |   |                                  |  |
| In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (50°) 325-1040   |                                      |   |                                  |  |
| 11. CERTIFICATION:  I certify that this report is true, complete and correct to the best of my knowledge.   |                                      |   |                                  |  |
|   |                                      |   |                                  |  |
| Candidate's Signature Manuel Manahlin   |                                      |   |                                  |  |