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| PUBLIC DISCLOSURE COMMISSION  <div style="clear: both;"></div> <p>711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828</p> | | <h2 style="margin: 0;">Candidate Registration</h2> | | <h1 style="margin: 0;">C1</h1> <p style="font-size: small;">(1/2008)</p> | <h2 style="margin: 0;">DATE FILED PDC</h2> <p style="font-size: large; margin: 5px 0;">JUL 10 2009</p> |
| Candidate's Name (Give candidate's full name.) <div style="font-size: large; font-family: cursive;">PAMELA SUE MCLEOD</div> | | | | Telephone Number <div style="font-size: large; font-family: cursive;">(509) 922-0244</div> | |
| Candidate's Committee Name (Do not abbreviate.) <div style="font-size: large; font-family: cursive;">NONE</div> | | | | Fax Number <div style="font-size: large; font-family: cursive;">()</div> | |
| Mailing Address <div style="font-size: large; font-family: cursive;">8720 E. BOONE</div> | | | | Candidate's E-Mail Address <div style="font-size: large; font-family: cursive;">pmcleod@cet.com</div> | |
| City <div style="font-size: large; font-family: cursive;">SPOKANE</div> | | County <div style="font-size: large; font-family: cursive;">SPOKANE</div> | | Zip + 4 <div style="font-size: large; font-family: cursive;">99212</div> | |
| 1. What office are you running for? <div style="font-size: large; font-family: cursive;">SCHOOL DIRECTOR</div> | | Legislative District, County or City <div style="font-size: large; font-family: cursive;">WEST VALLEY</div> | | Position No. <div style="font-size: large; font-family: cursive;">5</div> | |
| 2. Political party (if partisan office) <div style="font-size: large; font-family: cursive;">NONE</div> | | Do you now hold this office? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. Date of general or special election <div style="font-size: large; font-family: cursive;">NOV 4</div> | | | | | |
| 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. | | | | | |
| <input checked="" type="checkbox"/> Option I MINI REPORTING: In addition to my filing fee of \$ <u>0</u> , I will raise and spend no more than \$5,000, including any charges for inclusion in state and local voters pamphlets. I will not accept more than \$500 in the aggregate from any contributor except myself. | | | | | |
| <input type="checkbox"/> Option II FULL REPORTING: I will use the Full Reporting system. I will file the frequent, detailed campaign reports required by law. | | | | | |
| 5. Treasurer's Name and Address. Does treasurer perform <u>only</u> ministerial functions? Yes ___ No ___ See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. | | | | | Daytime Telephone Number <div style="font-size: large; font-family: cursive;">()</div> |
| <div style="font-size: large; font-family: cursive;">NONE SELF</div> | | | | | |
| 6. Persons who perform only ministerial functions on your behalf <u>and</u> on behalf of other candidates or political committees. List name, title and address of these persons. See WAC 390-05-243 and next page for details. | | | | | |
| <div style="font-size: large; font-family: cursive;">NONE</div> | | | | | |
| 7. Committee Officers and other persons who authorize expenditures or make decisions on your behalf. List name, title and address. See next page for definition of "officer." | | | | | |
| <div style="font-size: large; font-family: cursive;">NONE</div> | | | | | |
| 8. Campaign Bank or Depository <div style="font-size: large; font-family: cursive;">NONE</div> | | Branch | | City | |
| 9. Related or Affiliated Political Committees. List name, address and relationship. | | <input type="checkbox"/> Continued on attached sheet | | | |
| <div style="font-size: large; font-family: cursive;">NONE</div> | | | | | |
| 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 <div style="font-size: large; font-family: cursive;">8720 E. BOONE SPOKANE, WA 99212</div> | | | | | |
| In order to make an appointment, contact the campaign at (telephone, fax, e-mail): <div style="font-size: large; font-family: cursive;">(509) 922-0244</div> | | | | | |
| 11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge. | | | | | |
| Candidate's Signature <div style="font-size: large; font-family: cursive;">Pamela S. McLeod</div> | | | | Date <div style="font-size: large; font-family: cursive;">7/8/09</div> | |

SEE INSTRUCTIONS ON NEXT PAGE