	OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-801-2828	Registratio	Õ77Õ1720Õ9 9:28a SNOHOMISH COUNTY	, Dashington
Candidate's Name (Gi	ve candidate's full name.)  MARIE MC N	JURK AU	DATE FILED F	PDC (422) 744-0949
Candidate's Committee	Name (Do not abbreviate )		OCT 2 3 2009	Fax Number
No	COMMITTEE	/ N/A		(
Mailing Address  MY MAILING	, ADDRESS IS! 3	506 2187H ST S	W	Candidate's E-Mail Address  AMCMV rrun@ MSN . Com
City BRIGR		SNOHOMISH	<sup>Zip+4</sup> 98036	Campaign E-Mail Address
What office are y  EDM DNDS	ou running for? SCHOOL DISTRI	Legislative District, Co	ounty or City Position I	No. Do you now hold this office?  Yes No
2. Political party (if			3. Date of general or	special election UBGL 2009
4. How much do you	u plan to spend during your er	tire 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 \$				
			s No See WAC 390-05-243 an	
	e and Address. Does treasurer peails. List deputy treasurers on atta		Continued on atta	
1	TREASURE	2	·	( )
	form only ministerial functions on and next page for details.	your behalf <u>and</u> on behalf of other ca	ndidates or political committees. List na	ame, title and address of these persons. See  Continued on attached
	IONE		•	
sheet.	is and other persons who authoric	ze expenditures or make decisions o	n your behalf. List name, title and addre	ess. See next page for definition of "officer."  Continued on attached
8. Campaign Bank o	n Depository	Branch		City
9. Related or Affiliate sheet.	ed Political Committees. List name	e, 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.				
AMENDED 19		paign books will be available for in:  1/8 ST SW BRI  aign at (telephone, fax, e-mail): 1/4		PAIGN PERSONAL INFORMATION
11. CERTIFICATION:	port is true, complete and correct		Date	/29/09
Mr	111- 110	- / runu	Y	SEE INSTRUCTIONS ON NEXT PAGE