## DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206

## Candidate

## DATE FILED PDC

(360) 75	A WA 98504-0908	egistration	(1/2008)	MAY 2 0 2009
Candidate's Name (Give candidate  JOHN MILES  Candidate's Committee Name (Do				Telephone Number (253) 722-9400 Fax Number
	FOR JOHN MILE	S		( )
Mailing Address 5606 S JUNETT	ST			Candidate's E-Mail Address johnandkaymiles@hotmail.com
City TACOMA	Cour P	ity IERCE	Zip + 4 98409-6210	Campaign E-Mail Address johnandkaymiles@hotmail.com
What office are you running f     COUNCILME		Legislative District, County or City CITY OF TACOMA	Position No. 5	Do you now hold this office?  Yes No
Political party (if partisan office	e)		3. Date of general or speci- 11/03/2009	al election
the reporting options below and changing reporting option  Option I MINI REPOR and local voters pamphle	If no box is checked you are obs.  FING: In addition to my filing fee ofs. I will not accept more than \$50	n campaign, including the primary a digated to use Option II, Full Reporting.  f \$ N/A, I will raise and spend in the aggregate from any contributor expressed. I will file the frequent, detailed contributed contributed in the sequent.	See instruction manuals for no more than \$5,000, included the property of the second s	ing any charges for inclusion in state
Treasurer's Name and Addre	ss. Does treasurer perform only m	inisterial functions? Yes No _X Se	e WAC 390-05-243 and nex	
page for details. List deputy to JOHN MILES, 560	reasurers on attached sheet. 6 S JUNETT ST, TAC	<del>-</del>	Continued on attached sheet.	(253) 722-9400
390-05-243 and next page for	details.			☐ Continued on attached sheet.
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."  Continued on attached sheet				
8. Campaign Bank or Depositor NONE, no col	ntributions as yet	Branch		City
<u> </u>	Committees. List name, address a	nd relationship.		Continued on attached sheet.
holidays. In the space below post office box or an out-of-ar Street Address, Room Num 5606 S JUNETT ST,	provide contact information for sole ea address. per, City where campaign books TACOMA, WA 98409	( 050 ) <del>7</del> 00 04	where the inspection will take	
11. CERTIFICATION:	ent, contact the campaign at (telep complete and correct to the best of		00 Date 5/21/09	