

## Candidate Registration

C1

## DATE FILED PDC

JUL -1 2009

Candidate's Name (Give candidate's full name.) CANDI DATE WILL USE COMMON NAME				Telephone Number	
LAVONNA D MORRELL DAWN MORRELL				253-841-9385	
Candidate's Committee Name (Do not abbreviate.)				Fax Number	
Committee to Reelect I	Dawn Morrell				
Mailing Address				Candidate's E-Maii Address	
2106 Manorwood Dr SE				dawnmrn25@earthlink.ne	
City	County	County Zip + 4		Campaign E-Mail Address	
Puyallup	PIERCE	98374		dawnmrn25@earthlink.net	
What office are you running for?	Legislative Dis	trict, County or City	Position No.	Oa you now hold this office?	
STATE REPRESENTATIVE	LEG DISTRI	CT 25 - HOUSE	2	Yes 🗴 No 🗌	
2. Political party (if partisan office)		3. Date of	general or specia	I election	
Democrat		11/02/			
	during your entire election campaign, in box is checked you are obligated to use O				
local voters pamphlets. I will n	In addition to my filing fee of \$	om any contributor except myself.	*	•	
Option II FULL REPORTING	: I will use the Full Reporting system. I will file	e the freiquent, detailed campaign rep	rous required by a	3W.	
<ol> <li>Treasurer's Name and Address. Do page for details. List deputy treasure</li> </ol>	pes treasurer perform <u>only</u> ministerial function rers on attached sheet	s? Yes No See WAC 390-{	35-243 and next hed sheet	Daytime Telephone Number	
James Morrell				253-841-9385	
2106 Manorwood Dr SE  6. Persons who perform only minister 390-05-243 and next page for detail	al functions on your behalf <u>and</u> on behalf of ot	ther candidates or political committee	s. List name, tibe	e and address of these persons. See WAC	
				Combrued on attached sheet.	
8 Campaign Bank or Depository	T E	Branch		City	
Sound Credit Union	P	uyallup		Puyallup	
Related or Affiliated Political Comm	ntees. List name, address and relationship.			Continued on attached sheet	
notidays. In the space below, provi post office box or an out-of-area ad Street Address, Room Number, C 2106 Manorwood Dr	ity where campaign books will be available	iniment and the address where the in	ispection will take		
1: CERTIFICATION: I centry that this report is true, comp Candidate's Signature	plete and correct to the best of my knowledge.	Date	les 09	,	