

Candidate Registration

C1 DATE FILED PDC

	(369) 753-1111 Toll Free 1-877-601-2828			(1/2008)	MAY 16 2009	
Candidate's Name (Give candidate's full name.)					Telephone Number	
Mark Douglas Mullet					(425) 681-7785	
Can	didate's Committee Name (Do not abbreviate.)				Fax Number	
	Mark Mullet for Council				N/A	
Mailing Address					Candidate's E-Mail Address	
	P.O. Box 1181				mulletm@hotmail.com	
City		ounty	Zi	ip + 4	Campaign E-Mail Address	
	1000.4	King		98027	N/A	
1.	What office are you running for?	Legislative ISSAC	District, County or City	Position No.	Do you now hold this office?	
2.	City Council Political party (if partisan office)	10000		Date of general or specia	* [
2.	N/A		3. 1	November 3 rd , 2		
4. F	low much do you plan to spend during your entire elec	tion campaign	including the primary and ge	<u>.</u>		
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 \$, 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.					
	X 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 only ministerial functions? Yes No _X_ See WAC 390-05-243 and next Daytime Telephone Number					
5 .	page for details. List deputy treasurers on attached sheet.	z ministeriai tunc		AC 390-05-243 and next ntinued on attached sheet.	Daytime Telephone Number	
	Shanna Tomko				(425) 681-6416	
	1186 NE Park Drive					
	Issaquah, WA 98029					
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.					
	sheet. N/A					
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."					
	N/A					
	N/A				.	
8.	Campaign Bank or Depository		Branch		City	
	Issaquah Community Bank		Issaquah		Issaquah	
9.	Related or Affiliated Political Committees. List name, address and relationship.					
	N/A					
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					
	3129 NE Harrison Street					
	Issaquah, WA 98029					
	In order to make an appointment, contact the campaign at (telephone, fax, e-mail): ()					
11.	I certify that this report is true, complete and correct to the best of my knowledge.					
	Candidate's Signature Date					
	1/104					
	SEE INSTRUCTIONS ON NEXT PAGE					
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I originally filed without declaring a Sect. I'm filing this amended form to indicate I'm filing for Position # 1.