PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828	Candidate Registration	C1	DATE FILED PDC JUL 1 1 2007
Candidate's Name (Give candidate's full name.)	//		Telephone Number
Candidate's Committee Name (Do not abbreviate.)	1/ichel		(508) 928-6425 Fax Number ( - )
Mailing Address/ North FEX/	£44. 000	226	Candidate's E-Mail Address
City	County	Zip + 4_	Nickel (a) Char, com Campaign E-Mail Address
Ellewhard l	'Ux · }8	826·	odinpaigh E Mair Address
1. What office are you running for?	Legislative District, County or City	Position No.	Do you now hold this office?  Yes No
2. Political party (if partisan office)	Kee 1	3. Date of general or spec	
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.  Option I MINI REPORTING: In addition to my filing fee of \$			
5. Treasurer's Name and Address. Candidate may be sheet	e treasurer. List deputy treasurers on attached sheet	t. Continued on attached	Daytime Telephone Number
6. Committee Officers. List name, title and address.	Continue on attached sheet if necessary. See revers	se for definition of "officer."	☐ Continued on attached sheet
7. Campaign Bank or Depository	Branch		City
NONE	Newe	57	NONE
8. Related or Affiliated Political Committees. List name, address and relationship.			
None			
9. 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 3/7 & N - PERAL STATE OF S			
In order to make an appointment contact the campaign at (telephone, fax, e-mail):			
10. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge.			

Candidate's Signature

SEE INSTRUCTIONS ON REVERSI

Date