PUBLIC DISCLOS	URE COMMISSION 711 CAPITOL WAY RM 200 PO BOX 40008 OLYMPIA WA 98804-0008 (300) 753-1111 Toll Free 1-977-501-2828
	Toll Free 1-877-601-2828
Candidate's Name (Give o	andidate's full name.)

Candidate

	CC	711 CAPITOL WAY RM 266 PO BOX 46968 OLYMPIA WA 58804-0968 (360) 753-1111 Toll Free 1-877-601-2828	Registration	(3/08)	APR 1 2 2007	
Can	didate's Name (Give ca	•			Telephone Number	
	Clare Petri				(253) 312-7688	
Can		me (Do not abbreviate.) De plact Clare De	etrich Port Commissioner	,	Fax Number (253) 756-7401	
Mail	People to Re-elect Clare Petrich Port Commissioner (253) 756-7401 Mailing Address Candidate's E-Mail Address					
	1118 East D	Street			petrichforport@yahoo.co m	
City	Tacoma		County WA	Zip + 4 98421-1705	Campaign E-Mail Address petrichforport@yahoo.co m	
1.	What office are you no Port Comn	. • .	Legislative District, County or City Pierce	Position No. Five (5)	Do you now hold this office? Yes X No	
2.	Political party (if parti	san office)		3. Date of general or specia		
t	N/A November 6, 2007 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 \$, I will raise and spend no more than \$3,500, including any charges for inclusion in state and local voters pamphlets. I will not accept more than \$300 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 an	d Address. Candidate may be tre	asurer. List deputy treasurers on attached sheet.	Continued on attached	Daytime Telephone Number	
		304 No. Skyview Pl, A	A-204, Tacoma, WA 98406		(253) 759-7563	
6. Committee Officers. List name, title and address. Continue on attached sheet if necessary. See reverse for definition of "officer." Continued on attached sheet Ronnie Bush, Campaign Manager 3716 North 37 th Street, Tacoma WA 98407						
7.	Campaign Bank or D	•	Branch Downtown		City Tacoma	
	Coldinbia	Dank			,	
8.	8. Related or Affiliated Political Committees. List name, address and relationship.					
9.	holidays. In the space	e below, provide contact informatic	ment between 8 a.m. and 8 p.m. during the eight d on for scheduling an appointment and the address			
	post office box or an out-of-area address. Street Address, Room Number, City where campaign books will be available for inspection 1118 East D Street, Suite 1, Tacoma WA 98421 In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (253-312-7688)					
10.	In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (253-312-7688) 10. CERTIFICATION: 1 certify that this report is true, complete and correct to the best of my knowledge. Candidate's Signature Date Date					