
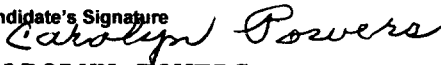


PUBLIC DISCLOSURE COMMISSION  <div style="clear: both;"></div> 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828		<h1 style="margin: 0;">Candidate Registration</h1>		C1 <small>(1/2008)</small>	DATE FILED PDC OCT 13 2009
Candidate's Name (Give candidate's full name.) CAROLYN POWERS				Telephone Number (360) 876-2743	
Candidate's Committee Name (Do not abbreviate.) CAROLYN POWERS RE-ELECTION CAMPAIGN				Fax Number (N/A)	
Mailing Address 825 ADA STREET				Candidate's E-Mail Address cpowers@wavecable.com	
City PORT ORCHARD		County KITSAP		Zip + 4 98366-4546	
1. What office are you running for? CITY COUNCIL		Legislative District, County or City PORT ORCHARD		Position No. 2 Do you now hold this office? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. Political party (if partisan office)			3. Date of general or special election NOVEMBER 3, 2009		
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.					
<input type="checkbox"/> 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.					
<input checked="" type="checkbox"/> 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 <u>only</u> ministerial functions? Yes ___ No <input checked="" type="checkbox"/> See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet.				Daytime Telephone Number (360) 876-2743	
SELF: CAROLYN POWERS 825 ADA STREET PORT ORCHARD, WA. 98366					
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.					
NONE					
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."					
NONE					
8. Campaign Bank or Depository BANK OF AMERICA		Branch PORT ORCHARD		City PORT ORCHARD	
9. Related or Affiliated Political Committees. List name, address and relationship.				<input type="checkbox"/> Continued on attached sheet	
NONE					
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 825 ADA STREET, PORT ORCHARD, WA. 98366-4546 In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (360) 876-2743					
11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge.					
Candidate's Signature  CAROLYN POWERS					Date