

## Candidate

C1 DATE FILED PDC

|   | (360) 753-1111<br>Toll Free 1-877-601-2828   | Registration  |                 | (3/06)           | JUL: 1 7 2007                              |
|---|--|---|-----------------|------------------|--|
|   | didate's Name (Givé candidate's full name.)  | REGAN   |                 |                  | Telephone Number (360) 666 3330 Fax Number |
| Caric   | NONE   |   |                 | -                | (NONE                                      |
|   | ng Address 1912 NN 674 AVE   |   |                 | CK               | Candidate's E-Mail Address                 |
| City  | BATTLE GROUND  | County CLARK  | 2ip + 4         | L                | Campaign E-Mail Address                    |
| 1.  | What office are you running for?  CITYCOUNCIL  | Legislative District, County or City  28771E GROUND |                 | Position No.     | Do you now hote this office?  Yes No       |
| 2.  | Political party (if partisan office)  NON PARTISAN   |   |                 | eneral or specia | al election                                |
| 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 chapging reporting options.  Option I MINI REPORTING: In addition to my filing fee of \$ |  |   |                 |                  |  |
| 5.  | Treasurer's Name and Address. Candidate may be to sheet  | easurer. List deputy treasurers on attached she     | et.   Continued | on attached      | Daytime Telephone Number                   |
|   | NONE   |   |                 |                  | ( )  |
|   | NONE   |   |                 |                  |  |
| 7.  | . Campaign Bank or Depository  | Branch  | *               |                  | City                                       |
|   | NONE   | ,   |                 |                  |  |
| 8.  | Related or Affiliated Political Committees. List name,   | address and relationship.                           |                 |                  |  |
|   | NOWE   |   |                 |                  |  |
|   |  |   |                 |                  | Continued on attached sheet                |
| 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 books will be available for inspection |   |                 |                  |  |
|   | NUNE   |   |                 |                  |  |
| 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  Date   |  |   |                 |                  |  |
|   | Candidate's Signature  Date  |   |                 |                  |  |