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|---|--|---|--|--|--|---|--|
| <p><b>PUBLIC DISCLOSURE COMMISSION</b></p> <p>711 CAPITOL WAY RM 206<br/>PO BOX 40000<br/>OLYMPIA WA 98504-0000<br/>(360) 783-1111<br/>Toll Free 1-877-604-2828</p>   |  | <h1 style="margin: 0;">Candidate<br/>Registration</h1>                            |  | <h1 style="margin: 0;">C1</h1> <p style="font-size: small;">(1/2008)</p> |  | <h2 style="margin: 0;">DATE FILED PDC</h2> <h2 style="margin: 0;">JUN 15 2009</h2>                  |  |
| Candidate's Name (Give candidate's full name.)<br><b>Kristina Marie Sabestinas</b>  |  |   |  |  | Telephone Number<br><b>(509) 868-5821</b>                      |   |  |
| Candidate's Committee Name (Do not abbreviate.)<br><b>Kristina Sabestinas for City Council</b>  |  |   |  |  | Fax Number<br><b>( )</b>                                       |   |  |
| Mailing Address<br><b>Po Box 1727</b>   |  |   |  |  | Candidate's E-Mail Address<br><b>kristina@votekristina.com</b> |   |  |
| City<br><b>Spokane, WA</b>  |  | County<br><b>Spokane</b>  |  | Zip + 4<br><b>99210</b>  |  | Campaign E-Mail Address<br><b>info@votekristina.com</b>   |  |
| 1. What office are you running for?<br><b>City Council</b>  |  | Legislative District, County or City<br><b>City of Spokane District 2; Pos. 2</b> |  | Position No.<br><b></b>  |  | Do you now hold this office?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 2. Political party (if partisan office)<br><b>Non-Partisan</b>  |  |   |  | 3. Date of general or special election<br><b>November 3, 2009</b>        |  |   |  |
| 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"/> <b>Option I MINI REPORTING:</b> 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"/> <b>Option II FULL REPORTING:</b> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet.  |  |   |  |  |  | Daytime Telephone Number<br><b>(509) 747-3967</b>   |  |
| 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.   |  |   |  |  |  | <input type="checkbox"/> Continued on attached sheet  |  |
| <b>none at this time.</b>   |  |   |  |  |  |   |  |
| 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."   |  |   |  |  |  |   |  |
| <input type="checkbox"/> Continued on attached sheet  |  |   |  |  |  |   |  |
| <b>none at this time.</b>   |  |   |  |  |  |   |  |
| 8. Campaign Bank or Depository<br><b>Washington Trust Bank</b>  |  |   |  | Branch<br><b>Manito</b>  |  | City<br><b>Spokane.</b>   |  |
| 9. Related or Affiliated Political Committees. List name, address and relationship.   |  |   |  |  |  |   |  |
| <input type="checkbox"/> Continued on attached sheet  |  |   |  |  |  |   |  |
| <b>none at this time.</b>   |  |   |  |  |  |   |  |
| 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 <b>TBD.</b>   |  |   |  |  |  |   |  |
| In order to make an appointment, contact the campaign at (telephone, fax, e-mail): <b>(509) 868-5821 or info@votekristina.com</b>   |  |   |  |  |  |   |  |
| 11. <b>CERTIFICATION:</b><br>I certify that this report is true, complete and correct to the best of my knowledge.  |  |   |  |  |  |   |  |
| Candidate's Signature<br>   |  |   |  |  |  | Date<br><b>6/15/09</b>  |  |