



Candidate Registration

C1
(1/2008)

RECEIVED

AUG -3 2010

Public Disclosure Commission

Candidate's Name (Give candidate's full name.) Bryan Shaker			Telephone Number (253) 431-0641	
Candidate's Committee Name (Do not abbreviate.)			Fax Number ()	
Mailing Address 10202 63rd Ave CT E			Candidate's E-Mail Address info@bryanshaker.com	
City Puyallup		County WA	Zip + 4 98373	Campaign E-Mail Address 11 11
1. What office are you running for? Legislative		Legislative District, County or City District 25		Position No. Seat 2
2. Political party (if partisan office) Independent		3. Date of general or special 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 changing reporting options. <input checked="" type="checkbox"/> Option I MINI REPORTING: In addition to my filing fee of \$ 471.00 , 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 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. Candidate is treasurer			Daytime Telephone Number (253) 431-0641	
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.				
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. N/A				
8. Campaign Bank or Depository Bank of America		Branch Puyallup		City Puyallup
9. Related or Affiliated Political Committees. List name, address and relationship. <input type="checkbox"/> Continued on attached sheet.				
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 324 S Meridian Puyallup WA 98373 In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (253) 431-0641				
11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge. Candidate's Signature Bryan Shaker Date 8/3/10				

SEE INSTRUCTIONS ON NEXT PAGE