

Candidate Registration

C1 DATE FILED PDC

Toll Free 1-877-601-2828	(1/2008)	MAR - 3 2009	
Candidate's Name (Give candidate's full name.)		Telephone Number	
David D. Smith		(509) 993-7751	
Candidate's Committee Name (Do not abbreviate.)		Fax Number	
Committee to Elect David Smith		() N/A	
Mailing Address		Candidate's E-Mail Address	
433 W. Cleveland		smithin2010@hotmail.com	
City County	Zip + 4	Campaign E-Mail Address	
Spokane Washington	99205	smithin2010@hotmail.com	
1. What office are you running for? 3 rd District Legislator/Representative Position 1 Legislative District, County or City 3 rd Legislative District	Position No.	Do you now hold this office? Yes No X	
Political party (if partisan office)	3. Date of general or specia	al election	
Democratic Party	Sept/Nov 2010		
4. How much do you plan to spend during your entire election campaign, including the primary at the reporting options below. If no box is checked you are obligated to use Option II, Full Reporting, and changing reporting options. Option I MINI REPORTING: In addition to my filing fee of \$, I will raise and spend no local voters pamphlets. I will not accept more than \$500 in the aggregate from any contributor except	See instruction manuals for more than \$5,000, including	r Information about reports required	
X Option II FULL REPORTING: I will use the Full Reporting system. I will file the frequent, detailed or	•	aw	
 Treasurer's Name and Address. Does treasurer perform only ministerial functions? Yes No See page for details. List deputy treasurers on attached sheet. 	WAC 390-05-243 and next Continued on attached sheet.	Daytime Telephone Number	
To Be Determined. This form will be updated when it becomes ap	propriate to do	()	
so.	'	,	
 Persons who perform only ministerial functions on your behalf and on behalf of other candidates or politica 390-05-243 and next page for details. To Be Determined. This form will be updated when it becomes ap 		e and address of these persons. See WAC Continued on attached sheet.	
 Committee Officers and other persons who authorize expenditures or make decisions on your behalf. List 		e next page for definition of "officer."	
To Be Determined. This form will be updated when it becomes appropriate the second of	priate to do so.	Continued on attached sheet.	
8. Campaign Bank or Depository Branch		City	
Not yet set up. It is expected that we will use the Spokane Branch of the Spokane Teachers Credit Union.	benima	Spokane	
Related or Affiliated Political Committees. List name, address and relationship.	2 (1)(1) 0 9	Continued on attached sheet.	
To Be Determined. This form will be updated when it becomes app	propriate to do so.		
 Campaign books must be open to the public by appointment between 8 a.m. and 8 p.m. during the eight d holidays. In the space below, provide contact information 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 433 W. Cleveland, Spokane, WA 99205 	lays before the election, exce	place. It is not acceptable to provide a	
Candidate's Signature Candidate's Signature Candidate's Signature	Date Ebruary	25, 2009 SEE INSTRUCTIONS ON NEXT PAGE	



Candidate

C1 DATE FILED PDC

(360) 753-1111 Toll Free 1-877-601-2828	Negisti	ation		(1/2008)	MAR - 3 2009	
Candidate's Name (Give candidate's full name.)				•	Telephone Number	
David D. Smith					(509) 993-7751	
Candidate's Committee Name (Do not abbreviate.)					Fax Number	
Committee to Elect David S	Smith			180	() N/A	
Mailing Address 433 W. Cleveland					Candidate's E-Mail Address smithin2010@hotmail.com	
Spokane	County Washington	า	Zip + 4 99205		Campaign E-Mail Address smithin2010@hotmail.com	
What office are you running for? 3 rd District Legislator/Representative Position 1		District, County or City egislative District		Position No.	Do you now hold this office? Yes No X	
2. Political party (if partisan office)			3. Date of general or speci		al election	
Democratic Party			Sept/Nov 2010		•	
and changing reporting options. Option I MINI REPORTING: In addition to my fill local voters pamphlets. I will not accept more than X Option II FULL REPORTING: I will use the Full light accept the second	1 \$500 in the aggregate	e from any contributor except	t myself.			
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To Be Determined. This form will I	be updated wh	en it becomes ap	propriate	e to do	()	
SO.	•	·				
 Persons who perform only ministerial functions on your 390-05-243 and next page for details. 	behalf <u>and</u> on behalf o	of other candidates or political	al committees	List name, titl	e and address of these persons. See WAC Continued on attached sheet	
To Be Determined. This form will	be updated wh	en it becomes ap	propriate	e to do so.		
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Street Address, Room Number, City where campaig 433 W. Cleveland, Spokane, WA 9920		·				
In order to make an appointment, contact the campaign	n at (telephone, fax, e-n	nail): (509) 993-	-7751 em	ail: smithir	2010@hotmail.com	
11. CERTIFICATION: I certify that this report is true, complete and correct to Candidate's Signature	the best of my knowled	lge.	Date			
Havid N. S	with	<i>F</i>	Ebra	eary	25, 2009	
				1	SEE INSTRUCTIONS ON NEXT PAGE	