

Candidate Registration

C1 (1/2008) 100362928 AMENDS 1001275835

| (360) 753-1111 Toll Free 1-877-601-28 | 328 | | (1/2008) | 06-18-2010 |
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| Candidate's Name (Give candidate's full name. |) | | | Telephone Number |
| OHN THOMPSON | | | | |
| Candidate's Committee Name (Do not abbreviate.) | | | | Fax Number |
| ITIZENS TO ELECT JOHN TH | OMPSON | | | |
| ailing Address | | | | Candidate's E-Mail Address |
| D BOX 1537 | Carmbi | - | Cim | JOHNT@ELECTJOHNTHOMPS |
| ty | County | | (ip + 4 | Campaign E-Mail Address |
| LTON What office are you running for? | PIERCE Lagislativa Di | 9835 strict, County or City | Position No. | LGTFLYBOY@GMAIL.COM Do you now hold this office? |
| , 0 | G | | | Yes No X |
| TATE REPRESENTATIVE Political party (if partisan office) | LEG DISTRIC | T 25 - HOUSE | 1 Date of general or speci | |
| , , , , | | | | al dissilon |
| EMOCRAT How much do you plan to spend during | your entire election campaign in | LL Including the primary and g | L/02/2010 eneral elections? Bar | sed on that estimate, choose one of |
| and changing reporting options. Option I MINI REPORTING: In add and local voters pamphlets. I will not X Option II FULL REPORTING: I will Treasurer's Name and Address. Does tre next page for details. List deputy treasure ELISSA D THOMPSON DBOX 1537, MILTON WA 98 Persons who perform only ministerial func WAC 390-05-243 and next page for detail | accept more than \$500 in the aggreguse the Full Reporting system. I will assurer perform only ministerial functions on attached sheet. 3354-1537 Stions on your behalf and on behalf of | ate from any contributor exce file the frequent, detailed cam ons? Yes No _X See W C | pt myself. paign reports required b AC 390-05-243 and ontinued on attached sheet. | y law. Daytime Telephone Number 253-841-2030 |
| Committee Officers and other persons wh ELISSA THOMPSON, TREASUR | RER, 8611 29TH ST CT | E, EDGEWOOD WA | | □ Continued on attached sheet. |
| Campaign Bank or Depository | | Branch | | City |
| DLUMBIA BANK | M | IILTON-EDGEWOOD | | MILTON |
| Related or Affiliated Political Committees. | List name, address and relationship. | | | Continued on attached sheet. |
| Campaign books must be open to the put holidays. In the space below, provide cor a post office box or an out-of-area addres Street Address, Room Number, City wh 8611 29TH STREET CT E | ntact information for scheduling an apps.s. nere campaign books will be availat | pointment and the address wh | | |
| In order to make an appointment, contact CERTIFICATION: | | ail):253-841-2030 | LGTFLYBOY@GM | AIL.COM |
| I certify that this report is true, complete a | nd correct to the best of my knowledg | je. | | |
| Candidate's Signature JOHN THOMPSON | | 06- | Date 18-2010 | |
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