| | DATE FILED PDC JUL 1 0 2007 |
|--|---|
| | |
| Condidate's Committee Name (Do not abbusines) | 360) 983-8/2/ Number |
| Mailing Address 116 Del Ray Rd. City County County | ndidate's E-Mail Address 1Cent 12010tds101 Inpaign E-Mail Address 1Cent 12010tdsnot |
| 1. What office are you running for? Legislative District, County or City Position No. Hospital District Laws Position No. 2. Political party (if partisan office) 3. Date of general or special elections of the partisan office) | Do you now hold this office? Yes No |
| reporting options below. If no box is checked you are obligated to use Option II, Full Reporting. See instruction manuals for informat changing reporting options. Option I MINI REPORTING: In addition to my filing fee of \$ | |
| sheet Gary Zandell | time Telephone Number |
| 6. Committee Officers. List name, title and address. Continue on attached sheet if necessary. See reverse for definition of "officer." | ☐ Continued on attached sheet |
| | |
| 7. Campaign Bank or Depository None Branch City | |
| 8. Related or Affiliated Political Committees. List name, address and relationship. **No ne — | |
| 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 Saturbolidays. In the space below, provide contact information for scheduling an appointment and the address where the inspection will take place post office box or an out-of-area address. Street Address, Room Number, City where campaign books will be available for inspection | Continued on attached sheet urdays, Sundays, and legal e. It is not acceptable to provide a |

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

Sundo Uncert

Date 7-9-07