## RECEIVED

Citizens To Return Lynn Walty
PO Box 995
Lake Stevens, WA 98258

JUL 3 1 2007

Public Disclosure Commission





July 30, 2007

Washington State Public Disclosure Commission PO Box 40908 Olympia, WA 98504-0908

This document serves as an official notice of our intent to change from Mini Reporting to Full Reporting for Lynn E. Walty, City Council #5, Lake Stevens. We have notified our opponent, Suzanne Quigley, via Certified Mail on July 26<sup>th</sup>, 2007 of our intent.

You may contact me at <a href="mailto:eddigal@msn.com">eddigal@msn.com</a> or 425-334-7643.

I represent that I have the authority to sign PDC reports for the above-named committee, certifying that the information contained in the reports is true and correct to the best of my knowledge.

Sincerely,

Lynn E Walty, Candidate

Muriel C Cooper, Treasurer

Muril Clooper

PUBLIC DISCLOSURE COMMIS  711 CAPITOL PO BOX 4090 OLYMPIA WA (340) 753-11 Toll Free 1-8	. WAY RM 206 Ca	andidate egistration	<b>C1</b> (3/06)	JUL 3 0 2007
Candidate's Name (Give candidate's fu	ıll name.)			Telephone Number
Lynn E Waltu				(425) 334-7643
Candidate's Committee Name (Do not abbleviate.)			Fax Number	
Citizens to Return Lynn E Walty			( )	
Mailing Address		7		Candidate's E-Mail Address
PO BOX 995			eddigal@msn.com	
City Lalla Charles	County		Zip + 4	Campaign E-Mail Address
Lake Stevens	Snot		58-0995	eddigal o msn. com
1. What office are you running for?	1.1/	Legislative District, County or City	Position No.	Do you now hold this office?  Yes No
City Council	Lak	e Stevens	<u> </u>	
2. Political party (if partisan office)		3.	Date of general or speci	
4. How much do you plan to enone	during your antico election	compaign, including the primary and		
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.	·	-		
Option I MINI REPORTING	3: In addition to my filing fee of	, I will raise and spend no m	nore than \$3,500, includin	g any charges for inclusion in state
l •		in the aggregate from any contributor exc		
Option II FULL REPORTING	G: I will use the Full Reporting	system. I will file the frequent, detailed car	mpaign reports required b	y law.
5. Treasurer's Name and Address.	Candidate may be treasurer. Li	st deputy treasurers on attached sheet.	Continued on attached	Daytime Telephone Number
sheet 20	518 Meadow LK	Rd		11/20 200 1
Muriel Cooper Snohomish WA 98290				( <i>425</i> )2 <i>8</i> 04271
LINGHELLUUURY SA	Abamish WA 7	K74D		
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