PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828	Candidate Registration	C1 (1/2008)	100414581
andidate's Name (Give candidate's full name.)			Telephone Number
LAIRE E WILSON			253-852-2096
INDICE E WILSON (Do not abbreviate.)			Fax Number
TIZENS FOR CLAIRE WILSON			
illing Address			Candidate's E-Mail Address
12 S. 279TH PLACE			WILSON LEAVELL@MSN.CO
y	County	Zip + 4	Campaign E-Mail Address
BURN KI	NG	98001	 claireforschools@yaho
What office are you running for?	Legislative District, County or City	Position No.	Do you now hold this office?
CHOOL DIRECTOR	FEDERAL WAY SD 210	2	Yes No X
Political party (if partisan office)		3. Date of general or spec	ial election
How much do you plan to spend during your en the reporting options below. If no box is checked and changing reporting options.	d you are obligated to use Option II, Full Report	ing. See instruction manuals	for information about reports required
and local voters pamphlets. I will not accept n	ny filing fee of \$0	or except myself. ed campaign reports required l	
next page for details. List deputy treasurers on atta AIRE E WILSON 12 S. 279TH PLACE, AUBURN W	ached sheet.	Continued on attached sheet	
Persons who perform only ministerial functions on WAC 390-05-243 and next page for details.	your behalf <u>and</u> on behalf of other candidates or po	litical committees. List name,	title and address of these persons. See
Committee Officers and other persons who authorized	ze expenditures or make decisions on your behalf.	List name, title and address.	See next page for definition of "officer." Continued on attached sheet.
Campaign Bank or Depository	Branch		City
CUWA	SEATTLE		SEATTLE
Related or Affiliated Political Committees. List nam	ne, address and relationship.		Continued on attached sheet.
 Campaign books must be open to the public by app holidays. In the space below, provide contact infor a post office box or an out-of-area address. 			

CLAIREFORSCHOOLS@YAHOO.COM

Date 06-24-2011

3712 S. 279TH PLACE, AUBURN

11. CERTIFICATION:

Candidate's Signature

CLAIRE E WILSON

In order to make an appointment, contact the campaign at (telephone, fax, e-mail): 253-852-2096

I certify that this report is true, complete and correct to the best of $\ensuremath{\mathsf{my}}$ knowledge.