

Candidate Registration

C1

Amended DATE PDC

SEE INSTRUCTIONS ON NEXT PAGE

Toli Free 1-877-601-2828		(,	FEB 1 2 2010
andidate's Name (Give candidate's full name.)			Telephone Number
Hans Zeiger			(253) 905-8160
andidate's Committee Name (Do not abbreviate.)			Fax Number
Friends of Hans Zeiger			()
ailing Address			Candidate's E-Mail Address
P.O. Box 73303	County	Zip + 4	hanszeiger@yahoo.com
^y Pu y allup	Pierce	98373-0303	Campaign E-Mail Address hans@hanszeiger.com
What office are you running for?	Legislative District, County or City	Position No.	Do you now hold this office?
State Representative	25	2	Yes No X
Political party (if partisan office)		3. Date of general or speci	
Republican		November 2, 2	2010
local voters pamphlets. I will not accept more	my filing fee of \$, I will raise and spend not than \$500 in the aggregate from any contributor exce	o more than \$5,000, including pt myself.	any charges for inclusion in state and
Treasurer's Name and Address. Does treasurer pe page for details. List deputy treasurers on attached		See WAC 390-05-243 and nex	t Daytime Telephone Number
Ryan Hart	_		(253) 224-7624
14124 116 th Ave E Puyallup, W	'A 98374		,
Committee Officers and other persons who authori	ize expenditures or make decisions on your behalf. Li	st name, title and address. So	ee next page for definition of "officer." Continued on attached sheet.
Campaign Bank or Depository Key Bank	Branch Puyallup Keyc	enter	city Puyallup, WA
Related or Affiliated Political Committees. List nan			Continued on attached sheet.
Campaign books must be open to the public by ap holidays. In the space below, provide contact infor post office box or an out-of-area address. Street Address, Room Number, City where cam 2507 94 th Ave. E Edgewood, WA 9	pointment between 8 a.m. and 8 p.m. during the eight mation for scheduling an appointment and the addres spalgn books will be available for inspection 98371	s where the inspection will tak	apt Saturdays, Sundays, and legal e place. It is not acceptable to provide a
In order to make an appointment, contact the camp CERTIFICATION:	paign at (telephone, fax, e-mail): (253) 224-76.	24	
I certify that this repart is true, complete and correct	ct to the best of my knowledge.	Date	
Candidate/s Signature		Date 2h/In	<i>1</i> 1 1