


Candidate Registration

C1
(1/2008)

DATE FILED PDC
DEC 10 2009

Candidate's Name (Give candidate's full name.) Brad Owen		Telephone Number (360)426-1505
Candidate's Committee Name (Do not abbreviate.) Citizens to Re-elect Brad Owen Lt. Governor		Fax Number (360)426-4342
Mailing Address P.O. Box 1426		Candidate's E-Mail Address bradowen@msn.com
City Shelton	County Mason	Zip + 4 98584
1. What office are you running for? Lieutenant Governor		Position No. _____ Do you now hold this office? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. Political party (if partisan office) Democrat		3. Date of general or special election August 21 2012
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.		
<input type="checkbox"/> Option I MINI REPORTING: In addition to my filing fee of \$_____, I will raise and spend no more than \$5,000, including any charges for inclusion in state and local voters pamphlets. I will not accept more than \$500 in the aggregate from any contributor except myself.		
<input checked="" type="checkbox"/> Option II FULL REPORTING: I will use the Full Reporting system. I will file the frequent, detailed campaign reports required by law.		
5. Treasurer's Name and Address. Does treasurer perform <u>only</u> ministerial functions? Yes ___ No ___ See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet.		Daytime Telephone Number
Laurel Willis		(360) 459-6633
6. Persons who perform only ministerial functions on your behalf <u>and</u> on behalf of other candidates or political committees. List name, title and address of these persons. See WAC 390-05-243 and next page for details. <input type="checkbox"/> Continued on attached sheet.		
7. Committee Officers and other persons who authorize expenditures or make decisions on your behalf. List name, title and address. See next page for definition of "officer." <input type="checkbox"/> Continued on attached sheet.		
8. Campaign Bank or Depository Key Bank	Branch Shelton	City Shelton
9. Related or Affiliated Political Committees. List name, address and relationship. <input type="checkbox"/> Continued on attached sheet.		
10. 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 Saturdays, Sundays, and legal holidays. In the space below, provide contact information for scheduling an appointment and the address where the inspection will take place. It is not acceptable to provide a post office box or an out-of-area address. Street Address, Room Number, City where campaign books will be available for inspection 1933 East SR 3 Shelton WA In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (360 426-1505)		
11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge.		Date
Candidate's Signature 		12/10/09