FEC FORM 2 STATEMENT OF CANDIDACY

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	(a) Name of Candidate (in full)											
	Grassie, William, Eugene, ,											
	(b) Address (number and street) 35922 SE 46th St						2. Candidate's FEC Identification Number H8WA08221					
	(c) City, State, and ZIP Code					3. Is This	nt X	New		Ameno	ded	
_	Fall City	5.0% 0.14	WA	98024		Stateme		(N)	OR	(A)		
4.	Party Affiliation NPA	5. Office Sought House			6. State & Distri WA	of Candida	te					
	NI A	Tiouse										
	DE	SIGNATION	OF PRINC	CIPAL	CAMPAIGN		TEE					
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election(s).											
	NOTE: This designation should be f	iled with the approp	oriate office li	sted in th	e instructions.							
	(a) Name of Committee (in full) BILL GRASSIE COI	MMITTEE TO	D ELEC	Г								
	(b) Address (number and street) 35922 SE 46TH ST											
	(c) City, State, and ZIP Code											
	FALL CITY				WA	98024						
8.	I hereby authorize the following nan candidacy.					mittee, to rec	eive and	expen	d funds	on behalf of m	ıy	
	NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street)	lied with the princip										
	(a) Name of Committee (in full) (b) Address (number and street)	lied with the princip										
	(a) Name of Committee (in full)	lied with the princip										
	 (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code 					1	rue, corre	ect and	l compl	ete.		
	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code <i>I certify that I have exa</i> ignature of Candidate					nd belief it is the Date	rue, corra	ect and	1 compl	ete.		
	 (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code 			best of r		1		ect and	1 compl	əte.		
G	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code <i>I certify that I have exa</i> ignature of Candidate	mined this Stateme	ent and to the	best of t	ny knowledge ar ronically Filed]	Date 10/10/2017	7					
G	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code <i>I certify that I have exa</i> ignature of Candidate <i>Grassie, William, , ,</i>	mined this Stateme	ent and to the	best of t	ny knowledge ar ronically Filed]	Date 10/10/2017	7					