

**Candidate
 Registration**

C1
 (6/01)

DATE FILED PDC
FEB 12 2005

Candidate's Name (Give candidate's full name.) Keith A. McGlashan Telephone Numbers (206) 533 8880 H

Candidate's Committee Name (Do not abbreviate.) Community to Elect Keith McGlashan 206 542-2226 W

Mailing Address 18511 LINDEN AVE N Fax Number (206) 533-0344

City Shoreline County King Zip + 4 98133-3926 E-Mail Address KEITH@JAMESAHANSHAW.COM

1. What office are you running for? City Council Legislative District, County or City Shoreline Position No. Do you now hold this office? Yes No

2. Political party (if partisan office) 3. Date of general or special election NOV 8, 2005

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: In addition to my filing fee of \$____, I will raise and spend no more than \$3,500, including any charges for inclusion in state and local voters pamphlets. I will not accept more than \$300 in the aggregate from any contributor except myself.

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. Candidate may be treasurer. List deputy treasurers on attached sheet. Continued on attached sheet Daytime Telephone Number
Stretchen Atkinson 18511 LINDEN AVE N 98133 (206) 542-9886

6. Committee Officers. List name, title and address. Continue on attached sheet if necessary. See reverse for definition of "officer." Continued on attached sheet

7. Campaign Bank or Depository Branch City

8. Related or Affiliated Political Committees. List name, address and relationship. Continued on attached sheet

9. Campaign books must be open to the public, except on a weekend or legal holiday, during the eight days before the election: (a) on the eighth day for two consecutive hours between 8 a.m. and 8 p.m.; if the eighth day is a legal holiday - two consecutive hours on the seventh day between 8 a.m. and 8 p.m.; and (b) on the other weekdays, by appointment between 8 a.m. and 8 p.m. Specify location and hours below. It is not acceptable to provide a post office box or an out-of-area address.

Street Address, Room Number, City 18511 LINDEN AVE N, Shoreline 98133 Hours [Two consecutive hours; see 9(a)] 11:00 AM - 1:00 PM

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

10. CERTIFICATION:
 I certify that this report is true, complete and correct to the best of my knowledge
 Candidate's Signature Keith A. McGlashan Date 2/10/2005

Please advise us about which forms and instructions you need. Remember, candidates must file a Financial Affairs Statement (F-1) unless a current one is already on file with PDC. Check all boxes that apply.

I already have financial affairs and campaign disclosure forms and instructions.

I am using Mini Reporting and, therefore, do not need the other campaign disclosure forms. In addition, I have already filed my Financial Affairs Statement and need no additional F-1 forms.

I will obtain all forms and instructions from my county elections office.

I want PDC to mail me: the F-1 instruction booklet (which includes forms) the appropriate campaign disclosure forms and instructions.

Distribution of This Report:
 ORIGINAL - Public Disclosure Commission
 COPY - County Elections Office (Auditor)
 COPY - Your own records
 (Note: City candidates contact City Clerk to see if local filing is required.)

2/15/05 CB