



Political Committee Registration

C1PC
(306) DATE FILED PDC
FEB 21 2007

Committee Name (Show entire official name.)
Citizens for Continued Emergency Medical Services

Acronym:
Telephone: (3) 509-548-5815

Mailing Address
PO Box 2203

Fax: () 509-548-2510

City County Zip + 4
Leavenworth Chelan 98826

E-mail: **jillana@webbaccountancy.com**

NEW OR AMENDED REGISTRATION?
 NEW. Completes entire form.
 AMENDS previous report. Complete entire form.

COMMITTEE STATUS
 Continuing (On-going; not established in anticipation of any particular campaign election.)
 2007 election year only. Date of general or special election: TBA
(Year)

1. What is the purpose or description of the committee?
 Bona Fide Political Party Committee - official state or county central committee or legislative district committees. If you are not supporting the entire party ticket, attach a list or specify here the names of the candidates you support

Ballot Committee - Initiative, Bond, Levy, Recall, etc. Name or description of ballot measure: _____
Ballot Number FOR AGAINST

Other Political Committee - PAC, caucus committee, political club, etc. If committee is related or affiliated with a business, association, union or similar entity, specify name: _____

For single election-year only committees (not continuing committees): Is the committee supporting or opposing
(a) one or more candidates? Yes No If yes, attach a list of each candidate's name, office sought and political party affiliation.
(b) the entire ticket of a political party? Yes No If yes, identify the party: _____

2. Related or affiliated committees. List name, address and relationship. Continued on attached sheet

3. How much do you plan to spend during this entire election campaign, including the primary and general elections? Based on that estimate, choose one of the reporting options below. (If your committee status is continuing, estimate spending on a calendar year basis.)
If no box is checked you are obligated to use Full Reporting. See instruction manuals for information about reports required and changing reporting options.
 MINI REPORTING
Mini Reporting is selected. No more than \$3,500 will be raised or spent and no more than \$300 in the aggregate will be accepted from any one contributor.
 FULL REPORTING
Full Reporting is selected. The frequent, detailed campaign reports mandated by law will be filed as required.

4. Campaign Manager's or Media Contact's Name and Address Telephone Number:
Dr. Karl Kranz, Chariman () 509-548-5815

5. Treasurer's Name and Address (List deputy treasurers on attached sheet.) Continued on attached sheet Daytime Telephone Number:
Dennis O. Webb, Treasurer () 509-782-3800

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

7. Campaign Bank or Depository Branch City
Cashmere Valley Bank Cashmere Cashmere

8. 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
Webb Accountancy. PO Box 38, Leavenworth WA 98826 509-782-3800
In order to make an appointment, contact the campaign at (telephone, fax, e-mail): ()

9. Eligibility to Give to State Office Candidates: During the 180 days prior to making a contribution to a state office candidate, your committee must have received contributions of \$10 or more from at least ten persons registered to vote in Washington State.
 A check here indicates your awareness of and pledge to comply with this provision. Absence of a check mark means your committee does not qualify to give to state office candidates (legislative and statewide executive candidates).

10. Signature and Certification. I certify that this statement is true, complete and correct to the best of my knowledge.
Committee Treasurer's Signature Date
Dennis O. Webb 2/5/2007

SEE INSTRUCTIONS ON REVERSE