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APR 16 2007

Public Disclosure
Commission

April 9, 2007

Mr. Philip Stutzman
Director of Compliance
Public Disclosure Commission
P.O. Box 40908
Olympia WA 98504-0908

DATE FILED PDC

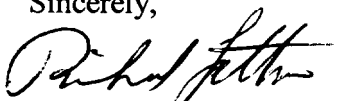
APR 13 2007

Re: March 28, 2007 letter for Franklin Co. Republican Central Committee

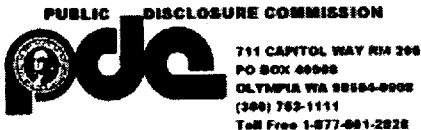
Dear Mr. Stutzman:

During 2005 I was approached by the Chairperson of the Franklin County Republican Central Committee, she advised that no one was stepping forward to be the Treasurer for the committee and that she was appointing me to be the Treasurer. I asked her about the filing status of our committee with regards to the Public Disclosure Commission. She directed me to a former Treasurer, he advised that he had not filed any paperwork with the PDC, I asked if we were required to and he was not sure. I made contact with the Treasurer of the Benton County Republican Central Committee in late 2005, she advised that we needed to file and that it had to be done electronically. I met with her in early January 2006 and she showed me how to access your web site and download the program. I filed the C1pc form and registered for an account and password with the PDC. At that time I registered the committee as full reporting unaware that mini reporting was available. While I was waiting for the password, etc. from the PDC to perform the electronic filing, I was given all of the financial records for the committee and discovered that they operated on less than \$3500 per year, I did some further checking and discovered that we could do mini reporting. I then filled out another C1pc amending the original C1pc. I was under the impression that I would be receiving the necessary information from the PDC to perform the electronic filing within a few days. I sent an email and asked for contact by phone at my residence, several more weeks went by and I sent another email and left my cell phone number for a contact. I received a message on my cell phone with the information I needed and in the message the person who called back stated that they had left the information previously on my home phone message receiver. The only problem with that was that I have never had a message system on my home phone. At that point I filed the amended C1pc or at least I thought I had. I did have trouble getting it to send but I thought it had been sent. I am enclosing the form as saved on my computer in your program.

Sincerely,



Richard Lathim



711 CAPITOL WAY RM 206
PO BOX 40688
OLYMPIA WA 98544-0688
(360) 783-1111
Toll Free 1-877-661-2828

Political Committee Registration

C1PC
(8/01)

DATE FILED PDC
APR 13 2007

Committee Name (Show entire official name.) Franklin County Republican Central Committee			Acronym:
Mailing Address 490 Moulton Ln			Telephone: (509) 282-3270
City Pasco	County FRANKLIN	Zip + 4 99301	E-mail: rlathim@amerion.com

NEW OR AMENDED REGISTRATION? <input type="checkbox"/> NEW. Complete entire form. <input checked="" type="checkbox"/> AMENDS previous report. Complete entire form.	COMMITTEE STATUS <input checked="" type="checkbox"/> Continuing (On-going; not established in anticipation of any particular campaign election.) <input type="checkbox"/> _____ election year only. Date of general or special election: _____ (Year)
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1. What is the purpose or description of the committee?

Bona Fide Political Party Committee - official state or county central committee or legislative district committee. 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:
---	-------------------

5. Treasurer's Name and Address (List deputy treasurers on attached sheet.) Richard Lathim 490 Moulton Ln Pasco, WA 99301	<input type="checkbox"/> Continued on attached sheet	Daytime Telephone Number: (509) 282-3270
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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
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8. 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. If it is not acceptable to provide a post office box or an out-of-area address.

Street Address, Room Number, City Hours [Two consecutive hours; see 8(a)]

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. <input type="checkbox"/> 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 _____
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Political Committee Registration

C1PC

(2/05)

DATE FILED PDC

APR 13 2007

Committee Name (Show entire official name.)
Franklin County Republican Central Committee

Acronym:
Telephone: **(509) 282-3270**

Mailing Address
490 Moulton Ln

Fax: ()

City County Zip + 4
Pasco Franklin 99301

E-mail: **rlathim@amerion.com**

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

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

Telephone Number:
()

5. Treasurer's Name and Address (List deputy treasurers on attached sheet.) Continued on attached sheet
Richard Lathim 490 Moulton Ln Pasco 99301

Daytime Telephone Number:
(509) 282-3270

6. Committee Officers. List name, title, and address. Continue on attached sheet if necessary. See reverse for definition of "officer." Continued on attached sheet
Barbara Poulson, Chairperson 6230 SR 260 Connell 99326

Continued on attached sheet

7. Campaign Bank or Depository
Bank of the West

Branch
Pasco

City
Pasco

8. 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 490 Moulton Ln Pasco
Hours [Two consecutive hours; see 8(a)] 6 p.m. to 8 p.m.
In order to make an appointment, contact the campaign at (telephone, fax, e-mail): **(509) 282-3270**

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 **Richard Lathim** Date **01/10/06**