



Political Committee Registration

C1_{PC}

(3/06)

DATE FILED PDC

MAY 17 2007

Committee Name (Show entire official name.)
North Thurston Citizens for Schools

Acronym: **NTCFS**
Telephone: **(360) 456-5143**

Mailing Address
P.O. Box #26 7205 -A Martin Way E

Fax: ()

City: **Olympia** County: **Thurston** Zip + 4: **98516-5535**

E-mail: **scwest4@comcast.net**

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: **Support of North Thurston public Schools**

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.) Continued on attached sheet
Carol West 7041 44th Ave NE, Olympia WA 98516

Daytime Telephone Number: **(360) 456-5143**

6. Committee Officers. List name, title, and address. Continue on attached sheet if necessary. See reverse for definition of "officer." Continued on attached sheet
Garry Holland, Co-Chair, 5442 Sleater Kinney Rd NE, Olympia, WA 98506
Linnea A. Grantham, Co-chair, 3525 Quail Creek Ln NE, Olympia, WA 98516
Gretchen Maliska, Secretary, 6642 prairie Ridge Dr NE, Olympia, WA 98516

7. Campaign Bank or Depository
Twin County Credit Union

Branch
Lacey

City
Lacey, WA

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
500 College St SE
In order to make an appointment, contact the campaign at (telephone, fax, e-mail): **(360) 456-5143**

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: *Carol West* Date: **5-15-07**