



# Political Committee Registration

DATE FILED PDC  
JUL 14 2007

C1PC

(State)

Committee Name: (Show entire official name.)

Acronym: HELP

Telephone: (360) 654-0204

Mailing Address

Fax: (360) 651-8080

14723 16th Avenue NW

City

County

Zip + 4

E-mail: tinaross@wavecable.com

Marysville

SNOHOMISH

98271

E-mail:

NEW OR AMENDED REGISTRATION?

COMMITTEE STATUS

☒ NEW. Complete entire form.

☐ Continuing (On-going; not established in anticipation of any particular campaign election.)

☐ AMENDS previous report. Complete entire form.

☒ 2008 election year only. Date of general or special election: 02/19/2008  
(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

Ballot Committee - Lakewood School District #306

☒

☐

☐ 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.

☐ Continuation 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:

Tina Ross, Campaign Co-Chair 14723 16th Avenue NW Marysville, WA 98271 (425) 737-7700

5. Treasurer's Name and Address (List deputy treasurers on attached sheet.)

☐ Continuation attached sheet

Daytime Telephone Number:

Tina S Ross 14723 16th Avenue NW Marysville, WA 98271

(425) 737-7700

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

☐ Continuation attached sheet

DAVE KIEFER, CAMPAIGN CO-CHAIR, 4005 141ST PLACE NW, MARYSVILLE, WA, 98271

TINA ROSS, CAMPAIGN CO-CHAIR, 14723 16TH AVENUE NW, MARYSVILLE, WA, 98271

7. Campaign Bank or Depository

Branch

City

Washington Mutual Bank

Smokey Point Financial Center Arlington

8. Campaign books must be open to the public by appointment between 8 a.m. and 8 p.m. during the 15 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. If 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

14800 40th Avenue NE Marysville

(360) 654-0204 (360) 651-8080

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

tinaross@wavecable.com

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

Tina S Ross

7/14/07