

 <p>PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828</p>	<h2 style="margin: 0;">Political Committee Registration</h2>	<h1 style="margin: 0;">C1_{PC}</h1> <p style="font-size: small;">(3/06)</p>	<h2 style="margin: 0;">DATE FILED PDC</h2> <h3 style="margin: 0;">AUG 14 2007</h3>
Committee Name (Show entire official name.) CITIZENS FOR A HEALTHY CLARK COUNTY PAC		Acronym: CHCCP Telephone: (360) 450-7994 Fax: () E-mail: annrivers@tds.net	
Mailing Address P.O. BOX 957		City LA CENTER	
County CLARK		ZIP + 4 98629	
NEW OR AMENDED REGISTRATION? <input checked="" type="checkbox"/> NEW. Complete entire form. <input 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)	
1. What is the purpose or description of the committee? <input type="checkbox"/> 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 <input type="checkbox"/> Ballot Committee - Initiative, Bond, Levy, Recall, etc. Name or description of ballot measure: _____ <div style="text-align: right;"> Ballot Number _____ FOR <input type="checkbox"/> AGAINST <input type="checkbox"/> </div> <input type="checkbox"/> 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: CITIZENS FOR A HEALTHY CLARK COUNTY			
For single election-year only committees (not continuing committees): Is the committee supporting or opposing (a) one or more candidates? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the party: _____			
2. Related or affiliated committees. List name, address and relationship. <input type="checkbox"/> 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 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. </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> FULL REPORTING Full Reporting is selected. The frequent, detailed campaign reports mandated by law will be filed as required. </div> </div>			
4. Campaign Manager's or Media Contact's Name and Address ANN RIVERS		Telephone Number: (360) 450-7994	
5. Treasurer's Name and Address (List deputy treasurers on attached sheet.) <input type="checkbox"/> Continued on attached sheet Kathy McDonald 1605 NW 65th St. Van WA 98636		Daytime Telephone Number: 360 607-8959	
6. Committee Officers. List name, title, and address. Continue on attached sheet if necessary. See reverse for definition of "officer." <input type="checkbox"/> Continued on attached sheet Ann Rivers, Chair 33911 NE 24th Ave La Center 98629 Kathy McDonald, Treasurer			
7. Campaign Bank or Depository 1st Independent		Branch La Center	
City La Center		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 33911 NE 24th Ave La Center, WA 98629 In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (360) 450-7994	
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 checked="" 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. <div style="display: flex; justify-content: space-between;"> <div>Committee Treasurer's Signature</div> <div>Date</div> </div>	

SEE INSTRUCTIONS ON REVERSE