

Barbara Clark

717 N. Main

Walla Walla WA 99362

509-522-0399, [clarkbh@charter.net](mailto:clarkbh@charter.net)

RECEIVED

AUG 31 2007

Public Disclosure  
Commission

August 29, 2007

Vickie Rippie,  
Executive Director  
Public Disclosure Commission  
PO Box 40908  
Olympia WA 98504-0908

COPY

DATE FILED PDC  
AUG 29 2007

Dear Ms. Rippie:

I hereby request a change of reporting option to full reporting in my candidacy for reelection to the Walla Walla City Council, position 5.


I have notified the opposing candidate of my plan to change to full reporting, and enclose an amended C-1 and forms C-3 and C-4..

Please notify me of the approval of this request.

Thanks and best wishes,



Barbara Clark

 <b>PUBLIC DISCLOSURE COMMISSION</b> 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828		<b>Candidate Registration</b>		<b>AMENDED</b> <b>C1</b> (3/06)	<b>DATE FILED PDC</b> <b>AUG 29 2007</b>
Candidate's Name (Give candidate's full name.) <b>BARBARA HERSHEY CLARK</b>			Telephone Number ( 509 ) 522-0399		
Candidate's Committee Name (Do not abbreviate.)			Fax Number ( )		
Mailing Address <b>717 N. Main</b>			Candidate's E-Mail Address <b>clarkbh@charter.net</b>		
City <b>Walla Walla</b>	County <b>Walla Walla</b>	Zip + 4 <b>99362-1309</b>	Campaign E-Mail Address <b>clarkcb@charter.net</b>		
1. What office are you running for? <b>/Walla Walla City Council</b>		Legislative District, County or City <b>WW</b>	Position No. <b>5</b>	Do you now hold this office? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. Political party (if partisan office)		3. Date of general or special election <b>11/6/07</b>			
4. How much do you plan to spend during your entire election campaign, including the primary and general elections? Based on that estimate, choose one of the reporting options below. If no box is checked you are obligated to use Option II, Full Reporting. See instruction manuals for information about reports required and changing reporting options.					
<input type="checkbox"/> <b>Option I MINI REPORTING:</b> In addition to my filing fee of \$_____, I will raise and spend no more than \$3,500, including any charges for inclusion in state and local voters pamphlets. I will not accept more than \$300 in the aggregate from any contributor except myself.					
<input checked="" type="checkbox"/> <b>Option II FULL REPORTING:</b> I will use the Full Reporting system. I will file the frequent, detailed campaign reports required by law.					
5. Treasurer's Name and Address. Candidate may be treasurer. List deputy treasurers on attached sheet. <input type="checkbox"/> Continued on attached sheet			Daytime Telephone Number		
<b>candidate</b>			<b>( 509 ) 522-0399</b>		
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
7. Campaign Bank or Depository <b>Banner Bank</b>		Branch <b>Downtown Walla Walla</b>	City <b>Walla Walla</b>		
8. Related or Affiliated Political Committees. List name, address and relationship.					
<input type="checkbox"/> Continued on attached sheet 9. 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					
<b>717 N. Main, Walla Walla WA 99362</b>			<b>10:00 a.m. to Noon</b>		
In order to make an appointment, contact the campaign at (telephone, fax, e-mail): ( ) by telephone or email					
10. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge.					
Candidate's Signature <i>Barbara Clark</i>				Date <b>8/29/07</b>	