



# Political Committee Registration

**C1PC**  
1-2008

DATE FILED PDC

FEB 29 2008

Committee Name (Show entire official name) <b>washington fire chiefs Political Action Committee</b>		Acronym: <b>PAC</b>
Mailing Address <b>PO Box 7964</b>		Telephone: <b>360 352-0161</b>
City <b>Olympia</b>	County <b>Thurston</b>	Zip + 4 <b>98507-7964</b>
		Fax: <b>360 586-5868</b>
		E-mail: <b>mike@washingtonfirechiefs.org</b>

<b>NEW OR AMENDED REGISTRATION?</b> <input checked="" type="checkbox"/> <b>NEW.</b> Complete entire form. <input type="checkbox"/> <b>AMENDS</b> previous report. Complete entire form.	<b>COMMITTEE STATUS</b> <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 of 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 \$5,000 will be raised or spent and no more than \$500 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**

**Mike Brown PO Box 7964 Olympia WA 98507** Telephone Number: **(360) 352-0161**

5. **Treasurer's Name and Address.** Does treasurer perform only ministerial functions? Yes  No  See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet.  Continued on attached sheet.

**Frankie Richards PO Box 7964 Olympia WA 98507** Daytime Telephone Number: **(360) 352-0161**

6. **Persons who perform only ministerial functions on behalf of this committee and on behalf of candidates or other political committees.** List name, title, and address of these persons. See WAC 390-05-243 and next page for details.  Continued on attached sheet.

7. **Committee Officers and other persons who authorize expenditures or make decisions for committee.** List name, title, and address. See next page for definition of "officer."  Continued on attached sheet.

**Mike Brown, Exec. officer, PO Box 7964, Olympia**  
**Gordon Wagner, exec. officer, 4105 NW Erland Pt RD, Bremerton**  
**Al Church, exec. officer, 31617 1st Ave S, Federal way**

8. **Campaign Bank or Depository** **Key Bank** Branch **Olympia** City **Olympia**

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  
**605 E 11th Ave Ste #211 Olympia**  
 In order to make an appointment, contact the campaign at (telephone, fax, e-mail): **(360) 352-0161**

10. **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).

11. **Signature and Certification.** I certify that this statement is true, complete and correct to the best of my knowledge.

Committee Treasurer's Signature: **Frankie Richards** Date: **02/28/08**