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| PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828 | | Political Committee Registration | | C1PC (1/2008) | | DATE FILED PDC APR 02 2008 | | | | | | | |
| Committee Name (Show entire official name.) Professional Firefighters of Kitsap County | | | | Acronym: PFFKC | | Telephone: (360) 373-1202 | | | | | | | |
| Mailing Address P.O. Box 3173 | | | | Fax: () | | | | | | | | | |
| City Silverdale | | County WA | | Zip + 4 98383 | | E-mail: asmith@icff28f.org | | | | | | | |
| NEW OR AMENDED REGISTRATION? <input checked="" type="checkbox"/> NEW. Complete entire form. <input type="checkbox"/> AMENDS previous report. Complete entire form. | | | | COMMITTEE STATUS <input type="checkbox"/> Continuing (On-going; not established in anticipation of any particular campaign election.) <input checked="" type="checkbox"/> 2008 election year only. Date of general or special election: May 20 (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 of the names of the candidates you support. <input checked="" type="checkbox"/> Ballot Committee - Initiative, Bond, Levy, Recall, etc. Name or description of ballot measure: EMS Levy <table border="1" style="float: right; margin-left: 20px;"> <tr> <td>Ballot Number</td> <td>FOR</td> <td>AGAINST</td> </tr> <tr> <td>EMS Levy</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <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: | | | | | | | | Ballot Number | FOR | AGAINST | EMS Levy | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ballot Number | FOR | AGAINST | | | | | | | | | | | |
| EMS Levy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | |
| 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 checked="" 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 checked="" type="checkbox"/> No If yes, identify the party: | | | | | | | | | | | | | |
| 2. Related or affiliated committees. List name, address and relationship. N/A <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. <input type="checkbox"/> 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. | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 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 Adam W. Smith, 310 Golden Pond St Port Orchard, WA 98366 | | | | | | Telephone Number: (360) 621-1288 | | | | | | | |
| 5. Treasurer's Name and Address. Does treasurer perform <u>only</u> ministerial functions? Yes ___ No ___ See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. <input type="checkbox"/> Continued on attached sheet. | | | | | | Daytime Telephone Number: (360) 621-1288 | | | | | | | |
| Adam W. Smith, 310 Golden Pond St. Port Orchard, WA 98366 | | | | | | | | | | | | | |
| 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. <input type="checkbox"/> 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." <input type="checkbox"/> Continued on attached sheet. Adam W. Smith, PAC P.O. Box 3173 Charlie Bratcher, PAC Silverdale, WA 98383 | | | | | | | | | | | | | |
| 8. Campaign Bank or Depository Bank of America | | | | Branch East Bremerton | | City Bremerton | | | | | | | |
| 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 4577 NE Keystone Ct. Port Orchard, WA 98367 In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (360) 320-2070 | | | | | | | | | | | | | |
| 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. <input 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). | | | | 11. Signature and Certification. I certify that this statement is true, complete and correct to the best of my knowledge. Committee Treasurer's Signature [Signature] Date 4/2/2008 | | | | | | | | | |

SEE INSTRUCTIONS ON NEXT PAGE