DISCLOSURE COMMISSION PO BOX 40908 (360) 753-1111

Political Committee Registration

DATE FILED PDC JUL 1 0 2008

OLYMPIA WA 98504-0908 Toll Free 1-877-601-2828

Committee Name (Show entire official name.) 1.CAHU Acronym: Lower Columbia Affordable Housing Council Telephone: 360 425-8820 P.O. BOX 2306 County Icca à Icca net Cowlitz 98632 □ NEW. Complete entire form. Continuing (On-going; not established in anticipation of any particular campaign election.) AMENDS previous report. Complete entire form. election year only. Date of general or special election: 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 Other Political Committee - PAC, caucus committee, political club, etc. If committee is related or affiliated with a business, association, union or similar entity, specify 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 If yes, attach a list of each candidate's name, office sought and political party affiliation. **∑** No (b) the entire ticket of a political party? ☐ Yes 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 FULL REPORTING Mini Reporting is selected. No more than \$3,500 will be raised or spent and no more Full Reporting is selected. The frequent, detailed campaign reports than \$300 in the aggregate will be accepted from any one contributor. mandated by law will be filed as required. 4. Campaign Manager's or Media Contact's Name and Address Telephone Number: Shannon BarneH (360) 957-3538 5. Treasurer's Name and Address (List deputy treasurers on attached sheet.) Continued on attached sheet Adam Hamer PO BOX 2309 Longview, WA 98632 (360) 636-2544

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

Keath Huff, Vice Chair 820 Ocean Beach Huff #780 Longview, WA 98632

ADAM Hame, Treasurer PO BOX 2309 Longview, WA 98632 Jeanette Scibelli, Secretary PD Box 2306 Longview, WA 98632 7. Campaign Bank or Depository Longview Longview 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

Street Address, Room Number, City where campaign books will be available for inspection 729 Vandercook, buite 280 Longvicw. Wa 98632

In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (360) 425-8820

- 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.

ommittee Treasurer's Signature