

711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 ToH Free 1-877-601-2828

Political Committee Registration

C1PC | DATE FILED PDC

FEB 28 2009

					<u> </u>	·	
Committee Name (Show entire official name.)							
Yes for Yakima Kids			Acronym:				
			Telephone: (509) 457-1515				
Mailing Address							
105 North 3 rd Street			Fov	<i>(</i>)			
City County		Zip + 4	Fax:	1			
	akima	98901					
Takina		E-mail:			plbplaw.com		
NEW OR AMENDED REGISTRATION?	COMMITTEE STATUS						
x NEW. Complete entire form.	Continuing (On-going; not established in anticipation of any particular campaign election.)						
AMENDS previous report. Complete entire form.	x 2009 election year only. Date of general or special election: 5/19/09 (Year)						
What is the purpose or description of the committee?							
☐ Bona Fide Political Party Committee - official state or county of the names of the candidates you support.	central committee or legisl	ative district committee. If	f you are not su	pporting	the entire party tio	cket, attach a list	
x Ballot Committee - Initiative, Bond, Levy, Recall, etc. Name or description of ballot measure: School Bond					Ballot Number	FOR AGAINST	
Other Political Committee - PAC, caucus committee, political name:	I club, etc. If committee is a	related or affiliated with a t	ousiness, asso	ciation, u	nion or similar ent	ity, specify	
For single election-year only committees (not continuing comma one or more candidates? Yes No If yes, attach	mittees): Is the committee a list of each candidate's n		litical party affi	liation.			
(b) the entire ticket of a political party?	If yes, identify the party:						
2. Related or affiliated committees. List name, address and relatio	nship.						
na						ed on attached sheet.	
How much do you plan to spend during this entire election camp below. (If your committee status is continuing, estimate spending)	ig on a calendar year basis.	.)					
If no box is checked you are obligated to use Full Reporti	ing. See instruction manu	als for information abou	t reports requ	ired and	changing report	ing options.	
MINI REPORTING Mini Reporting is selected. No more than \$5,000 will be than \$500 in the aggregate will be accepted from any o		ore Full Reporti	L REPORTING ing is selected. by law will be fil	The free	quent, detailed car	mpaign reports	
4. Campaign Manager's or Media Contact's Name and Address			,		phone Number:		
Paul Larson 105 North 3 rd St. Yakima, WA 98901				(50	(509) 457-1515		
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.					Daytime Telephone Number: (509) 452-9748		
Karen Bodeen c/o Banner Bank, PO Box 183, Yakima WA 98907				(30	(000) 402-07-40		
Persons who perform only ministerial functions on behalf of this See WAC 390-05-243 and next page for details.			cal committees		me, title, and addre Continued on attac		
Committee Officers and other persons who authorize expenditur	es or make decisions for o	ommittee List name title	and address	See nev	t nage for definition	n of "officer"	
Paul Larson 105 North 3 rd St. Yakima, V		ommittee. Electricities, titles,			Continued on attac		
8. Campaign Bank or Depository		Branch	·	Cir	•		
Banner Bank		502 W. Yakim			Yakima		
Campaign books must be open to the public by appointment befun the space below, provide contact information for scheduling a box or an out-of-area address.	tween 8 a.m. and 8 p.m. du in appointment and the add	ring the eight days before ress where the inspection	the election, ex will take place	ксерt Sat . It is not	turdays, Sundays, t acceptable to pro	and legal holidays. ovide a post office	
Street Address, Room Number, City where cam	paign books will be avail	able for inspection					
105 North 3 rd St. Yakima, WA 98901							
In order to make an appointment, contact the campaign at (telep	phone, fax, e-mail): (509)457-1515 10	am to noo				
10. Eligibility to Give to State Office Candidates: During the 18t contribution to a state office candidate, your committee must he \$10 or more from at least ten persons registered to vote in Was	0 days prior to making a ave received contributions o	11. Signature and and correct to the b	est of my know	vledge.	that this statement	t is true, complete	
A check here indicates your awareness of and pledge to c Absence of a check mark means your committee does not candidates (legislative and statewide executive candidates	comply with this provision. It qualify to give to state office		reasurer's Sk	nature	س	a/28/09	