PO BOX 409 OLYMPIA WA 90

Political Committee Registration

DATE FILED PDC

FOR AGAINST

753-1111 Tell Free 1-877-801-2826

JUN - 3 2009 Committee Name (Show entire official name.) Acronym: vancement of Asian Medicine Zip + 4 City 98370 COMMITTEE STATUS NEW OR AMENDED REGISTRATION? Continuing (On-going; not established in anticipation of any particular campaign election.) NEW. Complete entire form. AMENDS previous report. Complete entire form. election year only. Date of general or special election: (Year) 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:	Bailot Number	FOR	AGAINS
Other Political Committee - PAC, caucus committee, political club, etc. If committee is related or affiliated with a business, associations:	don, union or similar	entity, sp	ecify
For single election was 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 affilial	ion.		
(b) the entire ticket of a political party? Yes No If yes, identify the party:			
Related or affiliated committees. List name, address and relationship.			
	Continu	ed on atta	ched sheet
 How much do you plan to spend during this entire election campaign, including the primary and general elections? Based on that estin below. (If your committee status is continuing, estimate spending on a calendar year basis.) 	nate, choose one of t	he r ep ort	ing option
If no box is checked you are obligated to use Full Reporting. See instruction manuals for information about reports require	d and changing rep	orting o	ptions.
☐ MINI REPORTING ☐ FULL REPORTING			
Mini Reporting is selected. No more than \$5,000 will be raised or spent <u>and</u> no more than \$500 in the aggregate will be accepted from any one contributor. Full Reporting is selected. The mandated by law will be filed as		ampaign ı	reports
	elephone Number:		
Ezra Eickmeyer 4930 Center Rd, Chinacum, WA 98325	340) 301 -	184	2
5. Treasurer's Name and Address Does treasurer perform only ministerial functions? Yes No See WAC 390-05-243 and	aytime Telephone N	umber:	
	360) 394.	-43	57
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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

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."

Robert Doane-President 18870 8th Avente S-108 Continued on attached sheet. 15bo, und 98370

8. Campaign Bank or Depository 70US60

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 98370

order to make an appointment, contact the campaign at (telephone, fax, e-mail): (300) 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

persons. See WAC 390-05-243 and next page for details.

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.

☐ Continued on attached