| PUBLIC _ | DISCLOS | URE COMMISSION |
|----------|---------|--|
| C | G | 711 CAPITOL WAY RM 20 PO BOX 49908 OLYMPIA WA 98504-0900 (360) 763-1111 Tell Free 1-877-801-2828 |

Political Committee

C1 DO DATE FILED PDC

| PO BOX 40108 OLYMPIA WA 98504-0008 (360) 753-1111 Tell Free 1-877-801-2828 | Regi | stration | | 1 PC | SEP -8 2009 | | | |
|---|---|---|--|-------------------|---|---------------------------------------|-----------|--|
| Committee Name (Show entire official name.) | | | | Acronym: | | | | |
| V. T. TAIS | | | | 1210 182 550 | | | | |
| Yes For EMS Mailing Address | | | Telephon | e: (<i>340</i>) | 683-55 | , 00 | | |
| 70 Codar Will Lane | | | F | (-) | | | - 1 | |
| City Coar Hill Lane | County | Zip | + 4 | (-) | | · · · · · · · · · · · · · · · · · · · | | |
| Santa | 11.11 | 9938 | 2 | | ا هربار س | bogey8110 | abotind | |
| Sequim NEW OR AMENDED REGISTRATION? | Clallam | COMMITTEE STATUS | E-mail: | S. ADCANA | ACT OF | <u>nogey one</u> | 9/10/17-2 | |
| NEW. Complete entire form. AMENDS previous report. Complete entire form. | ot established in anticipation of an only. Date of general or special e | | 2 ' - | on.) | | | | |
| What is the purpose or description of the commit Bona Fide Political Party Committee - official of the names of the candidates you support. | | central committee or legislative | e district committee. If you are not | supporting | the entire party | ticket, attach a | list | |
| Ballot Committee - Initiative, Bond, Levy, Reca | all, etc. Name o | or description of ballot measure | : | | Bailot Number | FOR AG | SAINST | |
| Other Political Committee - PAC, caucus comname: | nmittee, political | club, etc. If committee is relate | ed or affiliated with a business, as | sociation, u | nion or similar e | entity, specify | | |
| For single election-year only committees (not co (a) one or more candidates? Yes No (b) the entire ticket of a political party? Yes | If yes, attach | | porting or opposing e, office sought and political party a | affiliation. | | | | |
| Related or affiliated committees. List name, add | | | | | | | | |
| 3. How much do you plan to spend during this entire below. (If your committee status is continuing, et if no box is checked you are obligated to use Mini REPORTING Mini Reporting is selected. No more that than \$500 in the aggregate will be accepted. | stimate spendingse Full Reportions on \$5,000 will be | g on a calendar year basis.) ng. See Instruction manuals raised or spent <u>and</u> no more | | quired and | changing repo | orting options. | | |
| 4. Campaign Manager's or Media Contact's Name : | | | markated by law will be | | phone Number: | | | |
| | | | | | (360) 683 - 5500 | | | |
| Jett Upchurch 10 Cedas | - Hill Lan | ic, Seguim, WA, 485 | 582 In / See WAC 300-05-243 en | | | | | |
| 5. Tressurer'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. | | | | | Daytime Telephone Number: (360) 683 - 5500 | | | |
| Teff Unchurch 70 Cedar Hill Lane, Secular, 62A, 98582. 6. Persons who perform only ministerial functions on behalf of this committee and on behalf of candidates or other political committee. | | | | | (300,003,1300 | | | |
| Persons who perform only ministerial functions of See WAC 390-05-243 and next page for details. None | n behalf of this i | comrifitiee <u>and</u> on behalf of car | ididates or other political committe | | ne, title, and ad Continued on att | | ersons. | |
| 7 Committee Officers and other persons who author | rize expenditun | es or make decisions for comm | ittee. List name, title, and addres | s. See next | page for definit | tion of "officer." | | |
| -awrence Bingham, 41 Lewis Rd., | Port Ange | les, WA, 98362 | | | Continued on att | | | |
| Jared Romberg, 71 Willard Dr., 8. Campaign Bank or Depository First Federal Savings and | Segwm, w | 1,98382 - Deputy | Treasurer | | | | | |
| 8. Campaign Bank or Depository | 1 | Bra | anch | Cit | , | | | |
| Campaign books must be open to the public by a in the space below, provide contact information in box or an out-of-area address. | rhhoummeur oer | ween o a.m. and o p.m. duning | the eight oays balone the election. | except Sat | | | | |
| Street Address, Room Number, C | ity where cam | paign books will be available | for Inspection | | | | | |
| 70 Cedar Hill Lane | , - | | | | | | | |
| In order to make an appointment, contact the car | | | | a I no side si | hat this states: | nt in this com- | lata | |
| Eligibility to Give to State Office Candidates: contribution to a state office candidate, your con \$10 or more from at least ten persons registered | nmittee must ha | ive received contributions of | 11. Signature and Certification and correct to the best of my kn | | net this stateme | NIT IS True, COMP | HETE | |
| A check here indicates your awareness of a Absence of a check mark means your com candidates (legislative and statewide exect | and pledge to co mittee does not | omply with this provision. qualify to give to state office | Committee Treasurer's | Signature | 2 9- | Date (1-(2)9 | | |