DATE FILED PDC

Committee Name (Show entire official name.)	SEP 1 5 2009		Acronym:	none
Vote Yes for San Juan County	OL:			(250) 276 2802
			Telephone:	(360) 376-3892
Mailing Address				
PO Box 212			Fax:	none
City County		Zip + 4		
Olga Sa	an Juan	98279-0212	E-mail:	lindacay@centurytel.net
NEW OR AMENDED REGISTRATION?	COMMITTEE STATUS			
X NEW. Complete entire form.	Continuing (On-going	; not established in anticip	pation of any	particular campaign election.)
AMENDS previous report. Complete entire form.	X 2009 election year only. Date of general or special election: November 3, 2009			
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	supporting the entire party ticket, attach a list
X 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 name:				
For single election-year only committees (not continuing committees): Is the committee supporting or opposing				
(a) one or more candidates? Yes X 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? Yes X No If yes, identify the party:				
Related or affiliated committees. List name, address and relation	onship.			
none				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.				
l				
X MINI REPORTING Mini Reporting is selected. No more than \$5,000 will be	e raised or spent <u>and</u> no mo			. The frequent, detailed campaign reports
than \$500 in the aggregate will be accepted from any o	one contributor.	mandated by	law will be fi	led as required.
Campaign Manager's or Media Contact's Name and Address Lovel Pratt			Telephone Number: (360) 378-7172	
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.				
			(360) 376-3892	
Linda Tretheway PO Box 212, Olga, WA 98279 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. 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."				
,				Continued on attached sheet.
8. Campaign Bank or Depository		Branch		City
Islanders Bank		Orcas Island		Eastsound
Campaign books must be open to the public by appointment be in 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 an appointment and the add	ing the eight days before t ress where the inspection	the election, e will take plac	except Saturdays, Sundays, and legal holidays. e. It is not acceptable to provide a post office
Street Address, Room Number, City where campaign books will be available for inspection				
180 Willis Lane, Olga, WA 98279				
In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (360)376-3892 10 Fileribility to Give to State Office Candidates: During the 180 days prior to making a 11. Signature and Certification. I certify that this statement is true, complete				
10. Eligibility to Give to State Office Candidates: During the 18 contribution to a state office candidate, your committee must h	30 days prior to making a nave received contributions o	11. Signature and C		
\$10 or more from at least ten persons registered to vote in Wa	isnington State.		roceuraria Ci	
		Committee Tr	easurer s or	gnature (l Date
X A check here indicates your awareness of and pledge to c Absence of a check mark means your committee does no candidates (legislative and statewide executive candidates	comply with this provision. It qualify to give to state offic	10.0.	Tw	theway 9/14/09