

Political Committee Registration

C1PC DATE FILED PDC
 (1/2008) APR - 7 2010

Committee Name (Show entire official name.)
YES FOR SCHOOLS COMMITTEE

Acronym:
 Telephone: (360) 376-4376

Mailing Address
P.O. Box 942

City: **EAST SOUND** County: **WA** Zip + 4: **98245**

Fax: ()
 E-mail:

NEW OR AMENDED REGISTRATION?
 NEW. Complete entire form.
 AMENDS previous report. Complete entire form.

COMMITTEE STATUS
 Continuing (On-going; not established in anticipation of any particular campaign election.)
 2010 election year only. Date of general or special election: **8/2010**
 (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:
ORCAS ISLAND SCHOOL BOND

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 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 No 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.
 MINI REPORTING
 Mini Reporting is selected. No more than \$5,000 will be raised or spent and no more than \$500 in the aggregate will be accepted from any one contributor.
 FULL REPORTING
 Full Reporting is selected. The frequent, detailed campaign reports mandated by law will be filed as required.

4. Campaign Manager's or Media Contact's Name and Address
JANET BROWNELL P.O. Box 942 ES WA 98245

Telephone Number:
 (360) 376-4376

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:
 (360) 376-4376

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

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
KEY BANK

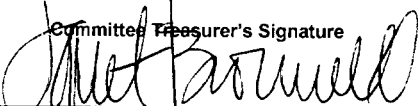
Branch
EAST SOUND

City
EAST SOUND, WA

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
ORCAS PUBLIC LIBRARY - 500 ROSE ST, EAST SOUND, WA 98245
 In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (360) 376-4376

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.
 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.
 Committee Treasurer's Signature:  Date: **4-5-10**