



Political Committee Registration

C1PC
(1/2009)

DATE FILED PDC

JAN 20 2011

Committee Name (Show entire official name): **CASCADE CITIZENS FOR SCHOOLS**

Account: **CCFS**

Mailing Address: **PO BOX 334**

City: **LEAVENWORTH** County: _____ Zip + 4: **98826**

Telephone: **509-548-1788**

Fax: **509-548-0776**

Email: **OBRULOTTE@GMAIL.COM**

NEW OR AMENDED REGISTRATION?

NEW: Complete entire form.

AMENDS previous report: Complete entire form.

COMMITTEE STATUS

Continuing (Continuing, not established in anticipation of any particular campaign election.)

2011 election year only. Date of general or special election: **02/08/2011** (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: **CSD NO. 228 BOND/LEVY - NO. 10/11-8**

Ballot Number: **10** 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: **SANDY HOUSTON, 421 CASCADE STREET, LEAVENWORTH WA 98826**

Telephone Number: **509-548-7881**

5. Treasurer's Name and Address. Does treasurer perform only ministerial functions? Yes ___ No See WAC 352 05 243 and next page for details. List deputy treasurer(s) on attached sheet. Continued on attached sheet

OLIVER J BRULOTTE, PO BOX 334, LEAVENWORTH AL 98826

Daytime Telephone Number: **509-548-1788**

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 352 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

SANDY HOUSTON, DEPUTY TREASURER, 421 CASCADE STREET, LEAVENWORTH WA 98826

8. Campaign Bank or Depository: **CASHMERE VALLEY BANK**

Branch: **LEAVENWORTH** City: **LEAVENWORTH**

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: **10690 TITUS ROAD, LEAVENWORTH**

In order to make an appointment, contact the Campaign at (telephone, fax, e-mail): **(509) 548-1788 (509) 548-0776 OBRULOTTE@GMAIL.COM**

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 marks means your committee does not qualify to give to state office candidates (legislative and statewide executive candidates).

11. **Signature and Certification** I certify that the statement is true, complete and correct to the best of my knowledge.

Committee Treasurer's Signature:

Date: **1-19-2011**