PUBLIC DISCLOSURE COMMISSION	Delitical Committee		DATE FILEU PDC
711 CAPITOL WAY RM 206 PO BOX 40000 OLYMPIA WA 96504-0900 (360) 753-1111 Tell Pree 1-877-601-2828	Political Committee Registration		C JAN - 3 2013
Committee Name (Include sponsor in committee nam official name. Do not use abbreviations or acronyms		Show entire Acronym:	CLF5
CASIANE CITIZE	NS FOR Schools		9 630-1084
Mailing Address			
PO BOX 334	0	Fax: (5	09) 548 - 0776
•	CHELAN 988	2 b E-mail: ob	-oloHe@gMAIL. 109
NEW OR AMENDED REGISTRATION? COMMITTEE STATUS Complete entire form. Continuing (On-going; not established in anticipation of any particular campaign election.) AMENDS previous report. Complete entire form. Complete entire form.			
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 DISTRICT #228 - REPLYCEMENT	, etc. Name or description of ballot measure:	CALLOE SCHOLL RATIONS LEVY	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-vear 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:			
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 an	d Address SANDY HOUSTON		Telephone Number:
	LEAVENWORTH, WA, 9	8826	(5×9) 548 - 788)
Treasurer's Name and Address. Does treasurer per next page for details. List deputy treasurers on attached.	erform <u>only</u> ministerial functions? Yes <u>✓</u> No ached sheet. OLI VEC B2 SECTTE	Continued on attached	Daytime Telephone Number:
PO BOX 334 L	EAVENWORTH, WA	18026	(5:9) 630 - 1084
Persons who perform only ministerial functions on persons. See WAC 390-05-243 and next page for sheet.	behalf of this committee and on behalf of candid	dates or other political committees. L	ist name, title, and address of these. Continued on attached
7. Committee Officers and other persons who authorities かんりょ せっこうでい	ze expenditures or make decisions for committe	ee. List name, title, and address. So	ee next page for definition of "officer." Continued on attached sheet.
421 CASCADE ST, LENVENWORTH, WA 98826 8. Campaign Bank or Depository CASHAFRE VALLEY BANK LEAVENWORTH LEAVENWORTH			
8. Campaign Bank or Depository CASHMELE VALLE	4 BANK LEA	NENWOOTH	City LEAVENWORTH
Campaign books must be open to the public by appointment between 0 a.m. and 0 p.m. during the eight days before the election, except calcularys, someway an legal holidays. In the case below provide contact information for exhelluling 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. OLIVER BRIDE TIE Street Address, Room Number, City where campaign books will be available for inspection DEGD TITUS ROTD, LEAVENUS LITH, WA 94826 In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (509) 630 1084 02 0670 to HeCGMA1L. COM			
10. Eligibility to Give to Political Committees and State Office Candidates: A committee 11. Signature and Certification. I certify that this statement is true, complete			
must receive \$10 or more each from ten Wa contributing to a Washington State political comm	nittee. Additionally, during the six months	nd correct to the best of my knowled	
prior to making a contribution to a state office candidate your committee must have received contributions of \$10 or more each from at least ten Washington State registered voters. Committee Treasurer's Signature Date			
voters. A check here indicates your awareness of and pledge to comply with these provisions. Absence of a check mark means your committee does not qualify to give to Washington			

A check here indicates your awareness of and pledge to comply with these provisions.

Absence of a check mark means your committee does not qualify to give to Washington State political committees and/or state office candidates