

8/3/15

RECEIVED

AUG 06 2015

Public Disclosure Commission

State of Washington
Public Disclosure Commission
P.O. Box 40908
Olympia, Washington 98504-0908

RE: Case 16-225
RoxAnn Sherwood
P.O. Box 201
Wilbur, WA 99185

Attention: Scott Haley

Enclosed is the amended C-1 report adding my Bank information. Please let me know that you have received this form and everything is complete at poochie79@live.com.

Sincerely,



RoxAnn Sherwood
Lincoln Hospital Commissioner

Amended

 <p>PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828</p>	<p>Candidate Registration</p>	<p>C1 (1/12)</p>	<p>DATE FILED PDC AUG 03 2015</p>
--	--------------------------------------	-----------------------------	---

Candidate's Name (Give candidate's full name.) Rox Ann Sherwood	Telephone Number (509) 647-2658
---	---

Candidate's Committee Name (Do not abbreviate.)	Fax Number (509) 647-2161
---	-------------------------------------

Mailing Address P.O. Box 201	Candidate's E-Mail Address poochie79@live.com
--	---

City Wilbur	County Lincoln	Zip + 4 99185	Campaign E-Mail Address
-----------------------	--------------------------	-------------------------	-------------------------

1. What office are you running for? Lincoln Hospital District Commissioner #3	Legislative District, County or City 3	Position No. 3	Do you now hold this office? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--	--------------------------	---

2. Political party (if partisan office) NON-Partisan	3. Date of general or special election
--	--

4. How much do you plan to spend during your entire election campaign, including the primary and general elections? Based on that estimate, choose one of the reporting options below. If no box is checked you are obligated to use Option II, Full Reporting. See instruction manuals for information about reports required and changing reporting options.

Option I MINI REPORTING: In addition to my filing fee of \$ 0, I will raise and spend no more than \$5,000, including any charges for inclusion in state and local voters pamphlets. I will not accept more than \$500 in the aggregate from any contributor except myself.

Option II FULL REPORTING: I will use the Full Reporting system. I will file the frequent, detailed campaign reports required by law.

5. Treasurer's Name and Address. Does treasurer perform <u>only</u> ministerial functions? Yes ___ No ___ See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. No Treasurer, only self above	Daytime Telephone Number (509) 647-2658
---	---

6. Persons who perform only ministerial functions on your behalf <u>and</u> on behalf of other candidates or political committees. List name, title and address of these persons. See WAC 390-05-243 and next page for details. NONE	<input type="checkbox"/> Continued on attached sheet
--	--

7. Committee Officers and other persons who authorize expenditures or make decisions on your behalf. List name, title and address. See next page for definition of "officer." NONE	<input type="checkbox"/> Continued on attached sheet
--	--

8. Campaign Bank or Depository NONE Wheatland Bank	Branch Wilbur	City Wilbur
--	-------------------------	-----------------------

9. Related or Affiliated Political Committees. List name, address and relationship. NONE	<input type="checkbox"/> Continued on attached sheet
--	--

10. 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
8295 Fiddle Box Rd Wilbur, WA Rox Ann Sherwood
 In order to make an appointment, contact the campaign at (telephone, fax, e-mail): **(509) 647-2658**

11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge. Candidate's Signature Rox Ann Sherwood	Date Rox Ann Sherwood 8-3-15 7-27-15
---	--