

Jennifer Hansen,

4.22.16

DATE FILED PDC

APR 22 2016

This is my revised C1 form

I corrected the P.O. Box number


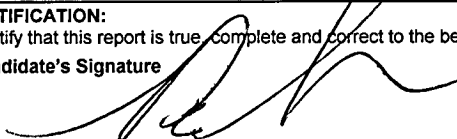
Public Disclosure Commission

Thank you

A handwritten signature in black ink, appearing to be 'Ron Anderson', written in a cursive style.

Ron Anderson

Candidate Yakima County Commissioner position 2

PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828		<h1 style="margin: 0;">Candidate Registration</h1>		<h1 style="margin: 0;">C1</h1> <small>(1/12)</small>	DATE FILED PDC APR 22 2016
Candidate's Name (Give candidate's full name.) Ronald L Anderson				Public Disclosure Commission (509) 961.6482	
Candidate's Committee Name (Do not abbreviate.) Committee to Elect Ron Anderson commissioner position 2				Fax Number (509) 834.2128	
Mailing Address P.O.Box 754, Yakima, WA 98907				Candidate's E-Mail Address ronandmaryyakima@msn.com	
City Yakima	County Yakima	Zip + 4 98902	Campaign E-Mail Address ronandmaryyakima@msn.com		
1. What office are you running for? County Commissioner		Legislative District, County or City Yakima	Position No. 2	Do you now hold this office? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. Political party (if partisan office) Republican		3. Date of general or special election 11/2/2016			
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.					
<input type="checkbox"/> Option I MINI REPORTING: In addition to my filing fee of \$_____, 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.					
<input checked="" type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> . See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. <input type="checkbox"/> Continued on attached sheet Kristi Foster, 201 E. Yakima Ave, Yakima WA 98901				Daytime Telephone Number (509) 4527728	
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. <input type="checkbox"/> Continued on attached sheet					
Kristi Foster		201 E Yakima Ave, Yakima WA 98901			
Mary Anderson		107 S 7th Ave, Ste 202, Yakima, WA 98902			
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." <input type="checkbox"/> Continued on attached sheet.					
Kristi Foster		201 E. Yakima Ave Yakima, WA 98901			
8. Campaign Bank or Depository Wheatland Bank		Branch Yakima		City Yakima	
9. Related or Affiliated Political Committees. List name, address and relationship. <input type="checkbox"/> Continued on attached sheet None					
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 201 E. Yakima Ave, Yakima WA 98901					
<input type="checkbox"/> In order to make an appointment, contact the campaign at (telephone, fax, e-mail): ()					
CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge. Candidate's Signature 					
				Date 4.22.16	