


| | | | | | |
|---|--|--|--|--|---|
| PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828 | | Candidate Registration | C1 (1/2008) | 100696824 05-25-2016 | |
| Candidate's Name (Give candidate's full name.) DONALD R GIBBARD | | | Telephone Number 509-301-1900 | | |
| Candidate's Committee Name (Do not abbreviate.) COMMITTEE TO ELECT DON GIBBARD | | | Fax Number | | |
| Mailing Address PO BOX 2350 | | | Candidate's E-Mail Address GIBBDO@POCKETINET.COM | | |
| City WALLA WALLA | | County WALLA WALLA | Zip + 4 99362 | Campaign E-Mail Address vote@electdongibbard.com | |
| 1. What office are you running for? COUNTY COMMISSIONER | | Legislative District, County or City WALLA WALLA CO | | 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 11-08-2016 | | |
| 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 ___ No <input checked="" type="checkbox"/> . See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. | | | | Daytime Telephone Number 509-520-6646 | |
| DEBBIE PHILLIPS 615 ANKENY ST, WALLA WALLA WA 99362 | | | | <input checked="" type="checkbox"/> Continued on attached sheet. | |
| 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. | | | | | |
| 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. | | | | | |
| JUDITH PIPPIN, CHAIR, 534 BOYER AVE, WALLA WALLA WA 99362 ROSE KINNEY, VICE CHAIR, 704 WELLINGTON AVE, WALLA WALLA WA 99362 KATE PALERMINI, COMMITTEE MEMBER, 11018 NW 29TH AVE, VANCOUVER WA 98685 PATTY COURSON, COMMITTEE MEMBER, 2176 GRANITE DR, WALLA WALLA WA 99362 | | | | | |
| 8. Campaign Bank or Depository BAKER BOYER BANK | | Branch EASTGATE | | City WALLA WALLA | |
| 9. Related or Affiliated Political Committees. List name, address and relationship. | | | | | |
| <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 45 TERMINAL LOOP RD, STE 210, WALLA WALLA In order to make an appointment, contact the campaign at (telephone, fax, e-mail): 509-301-1900 VOTE@ELECTDONGIBBARD.COM | | | | | |
| 11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge. | | | | | |
| Candidate's Signature DONALD R GIBBARD | | | | Date 05-25-2016 | |

Attachment to C1 – Candidate Committee Registration

Name DONALD R GIBBARD

5. Deputy Treasurers Name and Address.

NONDA GIBBARD

1345 UNIVERSITY ST, WALLA WALLA WA 99362

6. Persons who perform only ministerial functions, Name, Title and Address.

7. Committee Officers, List Name, Title and Address.