PUBLIC DISCLOSURE COMMISSION

711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
Toll Free 1-877-601-2828

Political Committee Registration

C1PC (1/12)

100711890

07-27-2016

Committee Name (Include sponsor in committee name. See next page for definition of "sponsor." Show entire official name. Do not use abbreviations or acronyms in this box.)
CENTRAL KITSAP CITIZENS FOR QUALITY EDUCATION

Acronym:

Telephone: 360-329-7170

Mailing Address
PO BOX 3534

Fax:

City: SILVERDALE | County: KITSAP | Zip + 4: 98383

E-mail: KITSAPDEMOCRAT52@GMAIL.COM

NEW OR AMENDED REGISTRATION?
- ☒ NEW. Complete entire form.
- ☐ AMENDS previous report. Complete entire form.

COMMITTEE STATUS
- ☐ Continuing (On-going; not established in anticipation of any particular campaign election.)
- ☒ 2019 (Year) election year only. Date of general or special election: 02/12/2019

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:
CENTRAL KITSAP SCHOOL DISTRICT 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-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
CARL A OLSON
1971 JACKSON AVE. SE, PORT ORCHARD WA 98366-3458

Telephone Number: 360-329-7170

5. Treasurer's Name and Address. Does treasurer perform only ministerial functions? Yes X No ___. See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. ☐ Continued on attached sheet.
CARL A OLSON
1971 JACKSON AVE. SE, PORT ORCHARD WA 98366-3458

Daytime Telephone Number: 360-329-7170

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 390-05-243 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.

8. Campaign Bank or Depository: KITSAP BANK | Branch: SILVERDALE | City: SILVERDALE, WA

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
1971 JACKSON AVE. SE, PORT ORCHARD

In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (360)329-7170 KITSAPDEMOCRAT52@GMAIL.COM

10. **Eligibility to Give to Political Committees and State Office Candidates:** A committee must receive $10 or more each from ten Washington State registered voters before contributing to a Washington State political committee. Additionally, during the six months 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.

☒ 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.

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

Committee Treasurer's Signature: CARL A OLSON **Date**: 07-27-2016