

 <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>	<h1>Political Committee Registration</h1>	<h1>C1PC</h1> <p>(1/12)</p>	100770435 AMENDS 0002062657
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.) CLALLAM COUNTY DEMOCRATIC CENTRAL COMMITTEE LIMITED		Acronym: Telephone: 360-452-0500	
Mailing Address PO BOX 2454		Fax: 	
City PORT ANGELES	County CLALLAM	Zip + 4 98362	E-mail: TREASURER@CLALLAMDEMOCRATS.ORG
NEW OR AMENDED REGISTRATION? <input type="checkbox"/> NEW. Complete entire form. <input checked="" type="checkbox"/> AMENDS previous report. Complete entire form.		COMMITTEE STATUS <input checked="" type="checkbox"/> Continuing (On-going; not established in anticipation of any particular campaign election.) <input type="checkbox"/> _____ election year only. Date of general or special election: _____ (Year)	
1. What is the purpose or description of the committee? <input checked="" type="checkbox"/> 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.			
<input type="checkbox"/> Ballot Committee - Initiative, Bond, Levy, Recall, etc. Name or description of ballot measure: _____			Ballot Number FOR AGAINST <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the party: _____			
2. Related or affiliated committees. List name, address and relationship. <input type="checkbox"/> 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. <input type="checkbox"/> 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.			
<input checked="" type="checkbox"/> 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 CRAIG RITCHIE PO BOX 2085, PORT ANGELES WA 98362		Telephone Number: 360-461-3500	
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. <input checked="" type="checkbox"/> Continued on attached sheet. KENNETH P REANDEAU 181 W LYRE RIVER RD, PORT ANGELES WA 98363		Daytime Telephone Number: 360-808-6730	
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. <input type="checkbox"/> 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." <input checked="" type="checkbox"/> Continued on attached sheet. CRAIG RITCHIE, CHAIR, 49 HEATHER PARK,, PORT ANGELES WA 98362 NANCY MARTIN, VICE-CHAIR, 2340 SAMARA PLACE, PORT ANGELES WA 98363 JULIE JOHNSON, ST COMMITTEE WOMAN, 65-200 LINE RD, NEAH BAY WA 98357			
8. Campaign Bank or Depository FIRST FEDERAL S&L	Branch ANY	City PORT ANGELES	
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 124A W 1ST ST, PORT ANGELES In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (360) 452-0500 TREASURER@CLALLAMDEMOCRATS.ORG			
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. <input checked="" type="checkbox"/> 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. <div style="display: flex; justify-content: space-between;"> <div> Committee Treasurer's Signature KENNETH P REANDEAU </div> <div> Date 06-20-2017 </div> </div>	

Attachment to C1PC – Political Committee Registration

Name CLALLAM COUNTY DEMOCRATIC CENTRAL COMMITTEE LIMITED

2. Related or affiliated committees

5. Deputy Treasurers Name and Address.

KRIS GRIER PO BOX 1325, PORT ANGELES WA 98362

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

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

ANDREW SHOGREN	ST COMMITTEE MAN	961 W OAK COURT, SEQUIM WA 98382
CATHERINE HARPER	RECORDING SECRETARY	122 W 1ST, PORT ANGELES WA 98362
KENNETH P REANDEAU	TREASURER	181 W LYRE RIVER RD, PORT ANGELES WA
PAULA DOHERY	CORRESPONDING SECRETARY	117 S B ST, PORT ANGELES WA 98363
ELIZABETH BUMGARNER	DIST 1 TRUSTEE	1272 MARINE DRIVE, SEQUIM WA 98382
SAM WOODS	DIST 1 TRUSTEE	1236 HOLLAND RD, SEQUIM WA 98382
CARLYN SYVANEN	DIST 1 TRUSTEE	63 WARD LN, SEQUIM WA 98382
LEROY MARTIN	DIST 2 TRUSTEE	BOX 2258, PORT ANGELES WA 98362
BETSY ROBBINS	DIST 2 TRUSTEE	114 N PEABODY ST, PORT ANGELES WA 98362
MAUREEN WALL	DIST 2 TRUSTEE	314 W 1ST ST, PORT ANGELES WA 98362
GEOGINA BORTE	DIST 3 TRUSTEE	1019 S G ST, PORT ANGELES WA 98363
TERRY HEIMAN	DIST 3 TRUSTEE	16795 HWY 112, CLALLAM BAY WA 98326
TERESE STOKAN	DIST 3 TRUSTEE	6240 MAKAH PASSAGE, NEAH BAY WA 98357