


Amended

 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 (1/12)	DATE FILED PDC AUG 14 2017
Candidate's Name (Give candidate's full name.) RUSSELL HOWARD KREPS			Telephone Number (509) 637-0096	
Candidate's Committee Name (Do not abbreviate.) HOWARD KREPS			Fax Number ()	
Mailing Address PO BOX 1215			Candidate's E-Mail Address KREPS@GORGES.NET	
City White Salmon	County Klickitat	Zip + 4 98167	Campaign E-Mail Address	
1. What office are you running for? BOARD COMMISSIONER		Legislative District, County or City Klickitat County Pub. Hospital #2	Position No. At Large	Do you now hold this office? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. Political party (if partisan office) N/A		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.				
<input checked="" type="checkbox"/> Option I MINI REPORTING: In addition to my filing fee of \$ <u>0</u> , 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 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 only ministerial functions? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> . See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet.			Daytime Telephone Number (509) 637-0096	
RUSSELL HOWARD KREPS				
6. Persons who perform only ministerial functions on your behalf and 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.				
NONE				
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." sheet. <input type="checkbox"/> Continued on attached sheet.				
NONE				
8. Campaign Bank or Depository UMPQUA		Branch 73 North East Estes	City White Salmon	
9. Related or Affiliated Political Committees. List name, address and relationship. sheet. <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 SKYLINE HOSPITAL - 211 SKYLINE DRIVE, WHITE SALMON, WA 98167 In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (509) 637-2922, kreps@gorge.net				
11. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowledge.				
Candidate's Signature R Howard Krep			Date 8/11/17	

8/11/2017

webmail.gorge.net/print-msg.aspx?id=-1&uid=69074&id_folder=12133&full_name_folder=Inbox&charset=-1

From	"PDC Support" <pdcc@pdc.wa.gov>
To	kreps@gorge.net
Date	Fri, Aug 11, 2017, 10:08 AM
Subject	Your C1 candidate registration
Attachments	Kreps Russell H C1.pdf

Your C1 postmarked 7/12/2017 requires the following changes, which are required regardless of the level of fundraising activity or the office you are seeking.

The following boxes need to be addressed—there are certain boxes on the C1 that are required to be completed by law.

Please complete the following;

Box 5 Treasurer – If you have no treasurer, please list your own name in this section as outlined in RCW 42.17A.210.

Box 8 Campaign Bank – While you are not required to have a campaign account, you do need to list the name and location of a bank where you will open an account if you receive any contributions. This is outlined in RCW 42.17A.215.

Box 10 Campaign Books – Please complete box 10, listing a contact phone number and address so you may be contacted by the public in the eight days prior to the election for review of your campaign records as outlined in RCW 42.17A.235. The city library would be a recommendation.

If you have no activity, the records would consist of copies of your F-1 Personal Financial Affairs Statement and the C-1 Candidate Registration. Campaign records consist of any documents which would substantiate contributions (including your own money) and expenditures which were made.

Once you have completed these items, please write AMENDED at the top of the form, re-sign and date, and mail to us at our PO Box, which is:

PO Box 40908 Olympia WA 98504-0908

A copy of your C1 form is attached to this message.

If you have any questions please reply to this email or call the PDC at (360)753-1111

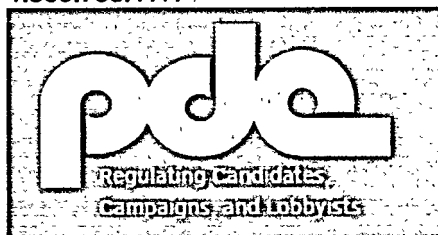
—Scott Haley
Customer Service Specialist
Washington Public Disclosure Commission

To respond, please reply to this email.

Washington Public Disclosure Commission

<http://www.pdc.wa.gov>

1.360.753.1111



UMPQUA

72 Northeast Estes
White Salmon
