

 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)		100785343 09-06-2017	
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.) COALITION FOR ORCAS HEALTHCARE				Acronym: COHC		Telephone: 360-376-5025	
Mailing Address 272 CYPRESS LANE				Fax: 360-376-5025			
City OLGA		County SAN JUAN		Zip + 4 98279		E-mail: DJHEIS@ROCKISLAND.COM	
NEW OR AMENDED REGISTRATION? <input checked="" type="checkbox"/> NEW. Complete entire form. <input type="checkbox"/> AMENDS previous report. Complete entire form.		COMMITTEE STATUS <input type="checkbox"/> Continuing (On-going; not established in anticipation of any particular campaign election.) <input checked="" type="checkbox"/> <u>2018</u> election year only. Date of general or special election: <u>04/24/2018</u> (Year)					
1. What is the purpose or description of the committee? <input 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 checked="" type="checkbox"/> Ballot Committee - Initiative, Bond, Levy, Recall, etc. Name or description of ballot measure: PUBLIC HOSPITAL TAX DISTRICT						Ballot Number FOR AGAINST ? <input checked="" 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 checked="" 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 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				Telephone Number:			
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. STEVE JUNG 91 COASTLINE DR., OLGA WA 98279				Daytime Telephone Number: 360-376-3497			
6. Persons who perform only ministerial functions on behalf of this committee <u>and</u> 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 type="checkbox"/> Continued on attached sheet. DALE HEISINGER, CAMPAIGN CHAIRMAN, 272 CYPRESS LANE, OLGA WA 98279 STEVE JUNG, TREASURER, 91 COASTLINE DR., OLGA WA 98279							
8. Campaign Bank or Depository WA. FEDERAL		Branch EASTSOUND OFFICE		City EASTSOUND, 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 272 CYPRESS LANE, OLGA In order to make an appointment, contact the campaign at (telephone, fax, e-mail): 360-376-5025 360-376-5025 DJHEIS@ROCKISLAND.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. <input 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 STEVE JUNG </div> <div> Date 09-06-2017 </div> </div>			

Attachment to C1PC – Political Committee Registration

Name COALITION FOR ORCAS HEALTHCARE

2. Related or affiliated committees

5. Deputy Treasurers Name and Address.

ART LANGE

388 MELODY LANE, EASTSOUND WA 98245

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

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