PUBLIC DISCLOSURE COMMISSION	PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 733-1111 Toll Free 1-877-601-2828 POlitical Committee Registration			DATE FILED PD
PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111			C1 _{PC}	SEP 18 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.)		nsor." Show entire	Acronym:	
Homework For Voters			Telephone: 971) 278 1599	
PO Box 1253			Fax: ()	
NEW OR AMENDED REGISTRATION? NEW. Complete entire form.	County COMMITTEE STATUS Continuing (On-goin	Zip + 4 8632 g; not established in antici		en egmail, con
AMENDS previous report. Complete entire form	n. 1 election y	vear only. Date of general	or special election:	
What is the purpose or description of the committee Bona Fide Political Party Committee - official st of the names of the candidates you support.		slative district committee. I	If you are not supporting	the entire party ticket, attach a list
Ballot Committee - Initiative, Bond, Levy, Recall,	etc. Name or description of ballot mea	sure:	B	allot Number FOR AGAINST
Other Political Committee - PAC, caucus comm	ittee, political club, etc. If committee is	related or affiliated with a l	business, association, ur	
 (b) the entire ticket of a political party? Yes 2. Related or affiliated committees. List name, addres 3. How much do you plan to spend during this entire e below. (If your committee status is continuing, esting 	If yes, attach a list of each candidate's No If yes, Identify the party: s and relationship. lection campaign, including the primary nate spending on a calendar year basis	name, office sought and portion of the sought and portions?	ased on that estimate, ch	
If no box is checked you are obligated to use MINI REPORTING Mini Reporting is selected. No more than \$ than \$500 in the aggregate will be accepted.	\$5,000 will be raised or spent <u>and</u> no me d from any one contributor.	FULL REPORTING	RTING	ent, detailed campaign reports
4. Campaign Manager's or Media Contact's Name and Tim Sutinen, PO B	Box 1253, Lonsvia	~ WA 981	1 '	ne Number:) 278 1599
5. Treasurer's Name and Address. Does treasurer per next page for details. List deputy treasurers on attassheet. Same as above	ched sheet.	No See WAC 390	attached (Telephone Number:) Same as above
 Persons who perform only ministerial functions on be persons. See WAC 390-05-243 and next page for disheet. 	ehalf of this committee <u>and</u> on behalf of letails.	candidates or other politic	cal committees. List name	e, title, and address of these Continued on attached
7. Committee Officers and other persons who authorized Tim Sutinen, offi	e expenditures or make decisions for co	ommittee. List name, title,	and address. See next p	page for definition of "officer." Continued on attached sheet.
8. Campaign Bank or Depository Ped Cano Careat Carea 9. Campaign books must be open to the public by apport holidays. In the space below, provide contact inform post office box or an out-of-area address. Street Address, Room Number, City of the careat	pintment between 8 a.m. and 8 p.m. dur ation for scheduling an appointment an 323 1410 Aven	d the address where the in		days, Sundays, and legal

In order to make an appointment, contact the campaign at (telephone, fax, e-mail):

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

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.

(971) 278 1599 + Suffner @gmail.co 11. Signature and Certification. I certify that this statement is true, complete and correct to the best of my knowledge.

Committee Treasurer's Signature

Date

SEE INSTRUCTIONS ON NEXT PAGE