PUBLIC ___ DISCLOSURE COMMISSION

711 CAPITOL WAY RM 206 POlitical Committee C1 DC DATE FILED PDC

	OLYMPIA WA 98504-0908 (360) 753-1111	Registration				(1/12)	PC			יייייי
O	Toll Free 1-877-601-2828					(11.2)		LSEP_	27 20	17
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.)						Acronym:				
The Coalition for a	a Better Thurston					Telephone:	(360)	357-5915		
Mailing Address										
P.O. Box 471						Fax:	()			
City		County		Zip + 4		1 0/1.		·		
Olympia		W	A	9850		E-mail:				
NEW OR AMENDED RE	GISTRATION?		COMMITTEE STATUS	-						
 NEW. Complete entire form. □ Continuing (On-going; not established in anticipation of a 2017 election year only. Date of general or special e (Year) 									ion.)	
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:								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.										
Gigi McClure, Port Commissioner (support) and Bill McGregor, Port Commissioner (support).										
(b) the entire ticket of a p	political party? Yes	⊠ No	If yes, identify the party:		i					
2. Related or affiliated committees. List name, address and relationship.										
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 is selected. The frequent, detailed campaign reports manuals do that estimate, choose one of the reporting options? Based on that estimate, choose one of the reporting options? Based on that estimate, choose one of the reporting options? Based on that estimate, choose one of the reporting options? Based on that estimate, choose one of the reporting options? Based on that estimate, choose one of the reporting options? Based on that estimate, choose one of the reporting options?										
	r Media Contact's Name an		Tie Contributor.		mandated by	law will be file		puired. hone Number:		
Robert Rose			471, Olympia, WA	98507				357-591	15	
and next page for details. List deputy treasurers on attached sheet.								ytime Telephone Number:		
Heather Clarke 3400 Capitol Blvd. SE, Suite 202, Tumwater, WA 98501								60) -6288129		
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.										
	ron, Admin Asst		pitol Blvd. SE, Su					360-628-		
7. Committee Officers and	l other persons who authoriz	ze expenditur	es or make decisions for (committee. Li	st name, title, a	ınd address.		t page for defini Continued on att		
8. Campaign Bank or Dep Bank of Amer				Branch Down	ntown Olyn	nnia	City	, Olympia		
Bank of America Downtown Olympia Olympia 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.										
=	dress, Room Number, City	where cam	paign books will be avai	liable for insp	ection					
3400 Capitol Blvd. SE, Suite 202, Tumwater, WA 98501										
In order to make an app	pointment, contact the camp	aign at (telep	hone, fax, e-mail): (360							
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						t of my knowl	•			omplete
prior to making a cont contributions of \$10 o	mmittee must have received Committee To State registered voters.			asurer's Sig	urer's Signature Date			_		
A check here indicate Absence of a check to	es your awareness of and mark means your committe tees and/or state office cand	pledge to co e does not q	mply with these provisio	ns. ton				C	19.27.	П