

Reporting Form for: (check one)

Instructions on Page 3

- ☐ **INDEPENDENT EXPENDITURES** (Occurring at any time) — **\$100 or more**
☒ **INDEPENDENT EXPENDITURE ADS** (Appearing within 21 days of an election) — **\$1,000 or more**
☐ **ELECTIONEERING COMMUNICATIONS, Except Contributions** (Appearing within 60 days of an election) — **\$1,000 or more**

1. Name and complete postal mailing address of sponsor:

L2819 FOR A SAFER KITSAP
P. O. BOX 3173
SILVERDALE, WA 98383

E-mail

L2819FORASAFERKITSAP

Telephone

? (360) 328-10

2. Itemize expenditures of more than \$100 associated with the independent expenditure or electioneering communication.

Date Made	Date First Presented/ Mailed	Name and Address of Vendor or Recipient	Description of Expenditure (e.g., direct mail or newspaper, TV or radio ad)	Amount or Value (*See Below)
10/03/19	10/15/19	COLUMBIA LITHOGRAPH 302 NE 6TH AVE CAMAS, WA 98607	PRINTING	5,305.30
10/03/19	10/15/19	SIGNS ON THE CHEEP 78758 AUSTIN, TX 78758	PRINTING	242.70
09/23/19	10/15/19	SIGNS ON THE CHEEP 11525A STONEHOLLOW DR 78758 AUSTIN, TX 78758	SIGNS	368.15
09/23/19	10/15/19	VISTA PRINT 275 WYMAN ST WALTHAM, MA 02451-1200	SIGNS	468.68
Expenditures \$100 or less not itemized above				\$ 0.00

Amount or Value

*If no reasonable estimate can be made of value, describe activity, services, property or right furnished precisely and attach copy of item produced or distributed.

Total this report

\$ 7,118.14

Total independent expenditures and electioneering communications made during this election campaign. Include amounts shown in this report and previously submitted C-6 reports.

\$ 7,118.14

3. List of candidate(s) or ballot proposition(s) identified in the advertising.

Candidate/Proposition	Office/District/ Proposition No.	Party	Check Support or Oppose	Show portion of current expense attributable to each candidate or proposition	Show total C-6 expenses related to each candidate/ proposition during election campaign
HENDEN, DENNIS SCOTT	FIRE COMMISSIONER/NORTH KITSAP FIRE & RESCUE	NON PARTISAN	<input type="checkbox"/> <input checked="" type="checkbox"/>	\$ 1,922.67	\$ 0.00
ERICKSON, KENNETH	FIRE COMMISSIONER/CENTRAL KITSAP FIRE & RESCUE	NON PARTISAN	<input type="checkbox"/> <input checked="" type="checkbox"/>	\$ 5,195.47	\$ 0.00
			<input type="checkbox"/> <input type="checkbox"/>	\$	\$
			<input type="checkbox"/> <input type="checkbox"/>	\$	\$

Filer Name:**4. If reporting an Electioneering Communication, it is necessary to disclose information concerning the source of funding for the communication. Select the description that applies:**

- a) ___ An individual using only personal funds.
- b) ___ An individual using personal funds and/or funds received from others.
- c) ___ A business, union, group, association, organization, or other person using only general treasury funds.
- d) ___ A business, union, group, association, organization, or other person using general treasury funds and/or funds received from others.
- e) ☒ A political committee filing C-3 and C-4 reports. (RCW 42.17A.205 - .240)
- f) ___ A political committee filing C-5 reports. (RCW 42.17A.250)
- g) ___ Other

If (b), (d), (f), or (g) applies, complete section 5 below. If (e) applies, also complete section 5 if the committee received funds that were requested or designated for the communication.

5. Sources giving in excess of \$250 for the electioneering communication:

Date Received	Source's Name, Address, City, State, Zip	For individuals, Employer's Name, City and State	Amount
			\$
		Occupation	
			\$
		Occupation	
			\$
		Occupation	
			\$
		Occupation	
			\$
		Occupation	
			\$
		Occupation	
		Sub-Total	\$ 0.00
	Continued on attached sheet <input type="checkbox"/>	Amount from attached pages	\$ 0.00
		TOTAL FUNDS RECEIVED	\$ 0.00

Sponsor of Independent Expenditure or Electioneering Communication			
I certify (or declare) under penalty of perjury under the laws of the State of Washington that this expenditure was not made in cooperation, consultation, or concert with, or at the request or suggestion of, a candidate, a candidate's authorized committee, or an agent of a candidate nor does it otherwise constitute a contribution under RCW 42.17A.005. I further certify that the above information is true, complete, and correct to the best of my knowledge.	Signature		Printed Name
			ALEX MCCracken
	Street address		
	PO BOX 3173		
	City/State/Zip		
	SILVERDALE		WA 98383
	Date Signed	Place Signed (city and county)	
	10/14/19	POULSBOROUGH KITSAP	
*RCW 9A.72.040 provides that "(1) A person is guilty of false swearing if he makes a false statement, which he knows to be false, under an oath required or authorized by law. (2) False swearing is a misdemeanor."			

C6 Continuation Page

2. Itemize expenditures of more than \$100 associated with the independent expenditure or electioneering communication.

Date Made	Date First Presented/ Mailed	Name and Address of Vendor or Recipient	Description of Expenditure (e.g., direct mail or newspaper, TV or radio ad)	Amount or Value
10/01/19	10/15/19	HOME DEPOT 10991 SILVERDALE WAY SILVERDALE , WA 98383	SIGN MATERIAL	118.93
10/02/19	10/15/19	HOME DEPOT 10995 SILVERDALE WAY SILVERDALE , WA 98383	SIGN MATERIAL	8.69
10/02/19	10/15/19	HOME DEPOT 10995 SILVERDALE WAY SILVERDALE, WA 98383	SIGN MATERIAL	15.00
10/04/19	10/15/19	HOME DEPOT 10995 SILVERDALE WAY SILVERDALE, WA 98383	SIGN MATERIAL	25.46
10/09/19	10/15/19	LOWES 2221 MYRE SILVERDALE , WA 98383	SIGN MATERIAL	71.74
10/10/19	10/15/19	RETRO SPACE 1450 FINN HILL RD POULSBO , WA 98370	PRINTING	493.49