

## Political Committee Registration



100760445

Toll Free 1-877-601-2828			(,	05-11-2017
Committee Name (Include on one with a committee on one	- Coo mark many fau definition of "o	naman " Charrantina		1
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.)  CITIZENS FOR COMMUNITY DRIVEN PROSPERITY PAC		Acronym: C4CDPPAC		
OTTIBLIE TOR OCCUPATITE BRIVER PROOF BRITE THE		Telephone: 509-545-1446		
Mailing Address			1	
1328 N ROAD 28	County	Zip + 4	Fax:	
City	County	ZIP + 4		
PASCO	BENTON	99301	E-mail: JAMES@	THETORRESFIRM.COM
NEW OR AMENDED REGISTRATION?	COMMITTEE STATU			
NEW. Complete entire form.	- • • •	oing; not established in antic		, ,
AMENDS previous report. Complete entire form	·	n year only. Date of genera	i or special election:	<del></del>
1. What is the purpose or description of the committee				
☐ Bona Fide Political Party Committee - official state of the names of the candidates you support.	ate or county central committee or le	egislative district committee.	If you are not supporti	ing the entire party ticket, attach a list
☐ Ballot Committee - Initiative, Bond, Levy, Recall, etc. Name or description of ballot measure:				Ballot Number FOR AGAINST
☑ Other Political Committee - PAC, caucus comminame: COMMUNITY DRIVEN PROSI	· ·	e is related or affiliated with a	a business, association	ı, union or similar entity, specify
For single election-year only committees (not cont (a) one or more candidates? Yes No	inuing committees): Is the commi		political party affiliatior	ı.
(b) the entire ticket of a political party?	☐ No If yes, identify the party	<b>:</b> :		
2. Related or affiliated committees. List name, addres	s and relationship.			
COMMUNITY DRIVEN PROSPERITY I	PAC, SPONSOR, 1328	N ROAD 28, PAS	CO WA 99301	Continued on attached sheet.
3. How much do you plan to spend during this entire e below. (If your committee status is continuing, esting	lection campaign, including the prim nate spending on a calendar year b	nary and general elections? asis.)	Based on that estimate	
If no box is checked you are obligated to use	Full Reporting. See instruction m			and changing reporting options.
Mini Reporting  Mini Reporting is selected. No more than \$	\$5,000 will be raised or spent and no	X FULL REP		and the state of t
than \$500 in the aggregate will be accepted		i dii rioport	ing is selected. The fre by law will be filed as re	equent, detailed campaign reports equired.
4. Campaign Manager's or Media Contact's Name and	d Address		Tele	ephone Number:
NICKOLAS A BUMPAOUS 1328 N ROAD 28, PASCO WA 993	01		50	)9–539–7917
5. Treasurer's Name and Address. Does treasurer pe	rform only ministerial functions? Ye		,	time Telephone Number:
next page for details. List deputy treasurers on atta RANDY WALLY 1328 N ROAD 28, PASCO WA 993			1 attached sheet. 5 C	9-545-1446
6. Persons who perform only ministerial functions on b	ehalf of this committee and on beha	alf of candidates or other pol	itical committees. List ı	name, title, and address of these
persons. See WAC 390-05-243 and next page for o	details.			☐ Continued on attached sheet.
7. Committee Officers and other persons who authorize	e expenditures or make decisions for	or committee. List name, titl	e, and address. See n	<u> </u>
NICKOLAS A. BUMPAOUS, CHAIR,	1328 N ROAD 28. PA	SCO WA 99301		Continued on attached sheet.
Michello II. Boll 11000, Chilli,	1320 N 1011 20, 11.	.500 WII 5550I		
Campaign Bank or Depository		Branch	Ci	ty
U.S. BANK		1840 W COURT S		ASCO
Campaign books must be open to the public by app holidays. In the space below, provide contact inforr post office box or an out-of-area address.				
Street Address, Room Number, City	where campaign books will be a	ailable for inspection		
1328 N ROAD 28, PASCO				
In order to make an appointment, contact the camp			MES@THETORRE	
10. Eligibility to Give to Political Committees and must receive \$10 or more each from ten Was contributing to a Washington State political comm prior to making a contribution to a state office received contributions of \$10 or more each from voters.	shington State registered voters b hittee. Additionally, during the six m e candidate your committee must	efore and correct to the keep on the keep	Certification. I certify pest of my knowledge.  Treasurer's Signature  LLY	that this statement is true, complete ${\color{red}\textbf{Date}}$ $0.5-1.1-2.0.1.7$
voters.  ☑ A check here indicates your awareness of and process.				
	pledge to comply with these provis	sions.		

## Attachment to C1PC – Political Committee Registration

Name CITIZENS FOR COMMUNITY DRIVEN PROSPERITY PAC

2. Related or affiliated committees			
5. Deputy Treasurers Name and Address E. BARTON II	ess. 2239 West Baseline Road, Tempe az 85283		
6. Persons who perform only ministerial functions, Name, Title and Address.			
7. Committee Officers, List Name, Title	e and Address.		
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