

 <b>PUBLIC DISCLOSURE COMMISSION</b> 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828		<h1>Candidate Registration</h1>	<h1>C1</h1> (1/2008)	100822512  03-29-2018
Candidate's Name (Give candidate's full name.) <b>KATHY J COFFEY</b>			Telephone Number <b>509-453-1458</b>	
Candidate's Committee Name (Do not abbreviate.) <b>ELECT KATHY COFFEY STATE REPRESENTATIVE #14</b>			Fax Number <b>509-453-1458</b>	
Mailing Address <b>2105 WEST CHESTNUT AVE.</b>			Candidate's E-Mail Address <b>KATHY.COFFEY@CHARTER.NET</b>	
City <b>YAKIMA</b>	County <b>YAKIMA</b>	Zip + 4 <b>98902</b>	Campaign E-Mail Address <b>kathy.coffey@charter.net</b>	
1. What office are you running for? <b>STATE REPRESENTATIVE</b>		Legislative District, County or City <b>LEG DISTRICT 14 - HOUSE</b>	Position No. <b>14</b>	Do you now hold this office? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. Political party (if partisan office) <b>REPUBLICAN</b>		3. Date of general or special election <b>11-06-2018</b>		
4. How much do you plan to spend during your entire election campaign, including the primary and general elections? Based on that estimate, choose one of the reporting options below. <b>If no box is checked you are obligated to use Option II, Full Reporting. See instruction manuals for information about reports required and changing reporting options.</b>				
<input type="checkbox"/> <b>Option I MINI REPORTING:</b> In addition to my filing fee of \$ _____, I will raise and spend no more than \$5,000, including any charges for inclusion in state and local voters pamphlets. I will not accept more than \$500 in the aggregate from any contributor except myself.				
<input checked="" type="checkbox"/> <b>Option II FULL REPORTING:</b> I will use the Full Reporting system. I will file the frequent, detailed campaign reports required by law.				
5. Treasurer's Name and Address. Does treasurer perform <u>only</u> ministerial functions? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> . See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. <b>TERESA PRITCHARD</b> <b>6710 ENGLEWOOD AVE., YAKIMA WA 98908</b>			Daytime Telephone Number <b>509-965-6710</b>	
6. Persons who perform only ministerial functions on your behalf <u>and</u> on behalf of other candidates or 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 on your behalf. List name, title and address. See next page for definition of "officer." <input type="checkbox"/> Continued on attached sheet. <b>NORM JOHNSON, CO-CHAIR, 55 WEST WASHINGTON AVE.#83, YAKIMA WA 98903</b> <b>MAUREEN ADKISON, CO-CHAIR, 806 CREST DRIVE, YAKIMA WA 98908</b>				
8. Campaign Bank or Depository <b>BANK OF AMERICA</b>		Branch <b>40TH &amp; SUMMITVIEW AVE</b>	City <b>YAKIMA</b>	
9. Related or Affiliated Political Committees. List name, address and relationship. <input type="checkbox"/> Continued on attached sheet.				
10. 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.  <b>Street Address, Room Number, City where campaign books will be available for inspection</b> <b>2105 WEST CHESTNUT AVE., YAKIMA</b> In order to make an appointment, contact the campaign at (telephone, fax, e-mail): <b>509-453-1458 509-453-1458 KATHY.COFFEY@CHARTER.NET</b>				
11. <b>CERTIFICATION:</b> I certify that this report is true, complete and correct to the best of my knowledge.  <b>Candidate's Signature</b> <b>KATHY J COFFEY</b>				
			<b>Date</b> <b>03-29-2018</b>	

## Attachment to C1 – Candidate Committee Registration

Name **KATHY J COFFEY**

5. Deputy Treasurers Name and Address.

**MOSS ADAMS**

**402 EAST YAKIMA AVE, YAKIMA WA 98901**

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

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