

Political Committee Registration

C1_(1/12)

100830524 AMENDS 100868659

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Committee Name (Include sponsor in committee name		page for definition of "sp	onsor." Sho	ow entire		l		
official name. Do not use abbreviations or acronyms in this box.) 18TH LEG DIST DEMO CENT COMM NON EXEMPT					Acronym:			
				Telephone: 360-772-9786				
Mailing Address								
PO BOX 153					Fax:			
City County			Zip + 4					
VANCOUVER CLARK			98666		E-mail: CHAIR@	E-mail: CHAIR@18THDEMS.ORG		
NEW OR AMENDED REGISTRATION?								
NEW. Complete entire form. AMENDS previous report. Complete entire form. Continuing (On-going; not established in anticipation of general (Year)						ar campaign electi	on.)	
1. What is the purpose or description of the committee	e?	(1001)						
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 measures.				<u> </u>				
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? No If yes, attach a list of each candidate's name, office sought and political party affiliation.								
(b) the entire ticket of a political party? Yes		If yes, identify the party:						
Related or affiliated committees. List name, address	ss and relatio	nsnip.				☐ Continu	ued on attached sheet.	
3. How much do you plan to spend during this entire entire below. (If your committee status is continuing, estimated in the status is continuing. Mini Reporting is selected. No more than the status is the status in the	mate spending Full Reporting \$5,000 will be	ng on a calendar year basing. See instruction ma e raised or spent and no	sis.) inuals for in	formation about FULL REPO Full Reportin	ut reports required a RTING g is selected. The fr	and changing represent, detailed c	porting options.	
than \$500 in the aggregate will be accepted.		ne contributor.		mandated by	law will be filed as r			
4. Campaign Manager's or Media Contact's Name and Address IAN COKER 17639 RISTO RD, BATTLE GROUND WA 98604						Telephone Number: 979-589-4051		
5. Treasurer's Name and Address. Does treasurer perform only ministerial functions? Yes No _X See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. HEATHER XAVIER REYNOLDS 17701 SE MILL PLAIN BLVD, VANCOUVER WA 98683						Daytime Telephone Number: 360-772-9786		
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.								
7. Committee Officers and other persons who authorize expenditures or make decisions for committee. List name, title, and address. See next page for definition of "officer." CANDY BONNEVILE, VICE CHAIR, 308 NW 25TH PL, BATTLE GROUND WA 98604 PAULINA OBERG, SECRETARY, 118 NE 147TH AVE, VANCOUVER WA 98685								
8. Campaign Bank or Depository			Branch		C	City		
IQ CREDIT UNION				WN VANCO		ANCOUVER		
Campaign books must be open to the public by app holidays. In the space below, provide contact infor- post office box or an out-of-area address.								
Street Address, Room Number, City		. •	ailable for ir	nspection				
In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (360)772-9786 HXREYNOLDS@GMAIL.COM								
10. Eligibility to Give to Political Committees and							nt is true, complete	
must receive \$10 or more each from ten Washington State registered voters bel contributing to a Washington State political committee. Additionally, during the six mor prior to making a contribution to a state office candidate your committee must h received contributions of \$10 or more each from at least ten Washington State registe voters.			efore and nths nave ered	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 HEATHER XAVIER REYNOLDS 05-10-2018				
A check here indicates your awareness of and Absence of a check mark means your committe State political committees and/or state office can	e does not q							