



# Candidate Registration

**C1**  
(1/2006)

**DATE FILED PDC**

**APR 29 2010**

|                                                                                            |                         |                                                              |
|--------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------|
| Candidate's Name (Give candidate's full name.)<br><b>CLIFFORD G COURTNEY</b>               |                         | Telephone Number<br><b>509-888-0852</b>                      |
| Candidate's Committee Name (Do not abbreviate.)<br><b>Citizens to Elect Cliff Courtney</b> |                         | Fax Number<br><b>509-682-2522</b>                            |
| Mailing Address<br><b>PO Box 2027</b>                                                      |                         | Candidate's E-Mail Address<br><b>cliff4liberty@gmail.com</b> |
| City<br><b>Chelan</b>                                                                      | County<br><b>CHELAN</b> | Zip + 4<br><b>98816</b>                                      |
|                                                                                            |                         | Campaign E-Mail Address<br><b>cliff@electcliffcourtney.</b>  |

|                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                          |                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|
| 1. What office are you running for?<br><b>STATE REPRESENTATIVE</b>                                                                                                                                                                                                                                                                                             | Legislative District, County or City<br><b>LEG DISTRICT 12 - HOUSE</b> | Position No.<br><b>2</b> | Do you now hold this office?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 2. Political party (if partisan office)<br><b>REPUBLICAN</b>                                                                                                                                                                                                                                                                                                   | 3. Date of general or special election<br><b>November 2, 2010</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. 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. |                                                                        |                          |                                                                                                     |

☐ **Option I MINI REPORTING:** 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.

☒ **Option II FULL REPORTING:** 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 type="checkbox"/> No <input checked="" type="checkbox"/> See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet.<br><b>Jordana LaPorte</b><br><b>PO Box 489 Chelan, WA 98816</b> | Daytime Telephone Number<br><b>509-682-2521</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|

6. Persons who perform only ministerial functions on your behalf and 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. ☐ Continued on attached sheet.

**PATTI KRAKOWKA,,2409 NO. 2 CANYON RD. WENATCHEE,WA,98801**  
**ROBBIE COURTNEY,,PO BOX 288 STEHEKIN,WA,98852**

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." ☐ Continued on attached sheet.

**JORDANA LAPORTE,TREASURER,PO BOX 489 CHELAN,WA,98816**  
**PEGGY ANN COURTNEY,SECRETARY,PO BOX 2327 CHELAN,WA,98816**  
**NICOLE WESLEY,CAMPAIGN CONSULTANT, BENTON CITY,WA,99320**

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|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|
| 8. Campaign Bank or Depository<br><b>Cashmere Valley Bank</b>                                                                             | Branch<br><b>Chelan</b> | City<br><b>Chelan</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 9 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.

**Street Address, Room Number, City where campaign books will be available for inspection**  
**410 E Woodin Ave Chelan**

In order to make an appointment, contact the campaign at (telephone, fax, e-mail): **509-682-2521 509-682-2522 lfacpas@nwi.net**

11. **CERTIFICATION:**  
I certify that this report is true, complete and correct to the best of my knowledge.

Candidate's Signature

*Clifford G. Courtney*

Date

*4/29/2010*