


[Ilwu47](#) (Tue, 21 Nov at 6:51 AM)

to : pdc@pdc.wa.gov

Dear Mr. Blackhorn,

We have reviewed the complaint submitted by Andrew Saturn submitted on November 8, 2017 at 11:41am. The email and phone records for the committee's Treasurer, Heather Clarke, do not reflect receipt of Andrew Saturn's request to inspect the books. We believe that Andrew Saturn did not use the correct contact information contained in the submitted C1pc, section 9 (attached) to request inspection of the books, but instead contacted the campaign manager or media contact, Robert Rose. A review of Robert Rose's phone and email records indicate that Andrew Saturn's was not received.

Thank You,  
Robert Rose

 <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		<b>Political Committee Registration</b>		<b>C1<sub>PC</sub></b> (1/12)		100794793  10-20-2017	
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.) THE COALITION FOR A BETTER THURSTON				Acronym:			
				Telephone: 360-357-5915			
Mailing Address P.O. BOX 471				Fax:			
City OLYMPIA		County THURSTON		Zip + 4 98507		E-mail: ILWU47@EARTHLINK.NET	
NEW OR AMENDED REGISTRATION? <input checked="" type="checkbox"/> NEW. Complete entire form. <input type="checkbox"/> AMENDS previous report. Complete entire form.		COMMITTEE STATUS <input type="checkbox"/> Continuing (On-going; not established in anticipation of any particular campaign election.) <input checked="" type="checkbox"/> <u>2017</u> election year only. Date of general or special election: <u>11/07/2017</u> (Year)					
1. What is the purpose or description of the committee? <input type="checkbox"/> <b>Bona Fide Political Party Committee</b> - 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.							
<input type="checkbox"/> <b>Ballot Committee</b> - Initiative, Bond, Levy, Recall, etc. Name or description of ballot measure:						Ballot Number    FOR    AGAINST <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <b>Other Political Committee</b> - PAC, caucus committee, political club, etc. If committee is related or affiliated with a business, association, union or similar entity, specify name:							
<b>For single election-year only committees (not continuing committees):</b> Is the committee supporting or opposing (a) one or more candidates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If yes, identify the party:							
2. Related or affiliated committees. List name, address and relationship. <span style="float: right;"><input type="checkbox"/> Continued on attached sheet.</span>							
3. How much do you plan to spend during this entire election campaign, including the primary and general elections? Based on that estimate, choose one of the reporting options below. (If your committee status is continuing, estimate spending on a calendar year basis.) <b>If no box is checked you are obligated to use Full Reporting. See instruction manuals for information about reports required and changing reporting options.</b> <input type="checkbox"/> <b>MINI REPORTING</b> Mini Reporting is selected. No more than \$5,000 will be raised or spent and no more than \$500 in the aggregate will be accepted from any one contributor.							
						<input checked="" type="checkbox"/> <b>FULL REPORTING</b> Full Reporting is selected. The frequent, detailed campaign reports mandated by law will be filed as required.	
4. Campaign Manager's or Media Contact's Name and Address ROBERT ROSE    ILWU47@EARTHLINK.NET P.O. BOX 471, OLYMPIA WA 98507				Telephone Number: 360-357-5915			
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. <span style="float: right;"><input type="checkbox"/> Continued on attached sheet.</span> HEATHER CLARKE 3400 CAPITOL BLVD. SE SUITE 202, TUMWATER WA 98501				Daytime Telephone Number: 360-628-8129			
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. <span style="float: right;"><input type="checkbox"/> Continued on attached sheet.</span> JESSICA CAMERON, ADMIN ASST, 3400 CAPITOL BLVD SE SUITE 202, TUMWATER WA 98501							
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." <span style="float: right;"><input type="checkbox"/> Continued on attached sheet.</span>							
8. Campaign Bank or Depository BANK OF AMERICA		Branch DOWNTOWN OLYMPIA		City OLYMPIA			
9. 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> 3400 CAPITOL BLVD SE, SUITE 202, TUMWATER In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (360) 628-8129 (360) 628-8130							
10. <b>Eligibility to Give to Political Committees and State Office Candidates:</b> A committee must receive \$10 or more each from ten Washington State registered voters before contributing to a Washington State political committee. Additionally, during the six months prior to making a contribution to a state office candidate your committee must have received contributions of \$10 or more each from at least ten Washington State registered voters. <input type="checkbox"/> A check here indicates your awareness of and pledge to comply with these provisions. Absence of a check mark means your committee does not qualify to give to Washington State political committees and/or state office candidates.				11. <b>Signature and Certification.</b> I certify that this statement is true, complete and correct to the best of my knowledge.  <div style="display: flex; justify-content: space-between;"> <div> <b>Committee Treasurer's Signature</b>            HEATHER CLARKE         </div> <div> <b>Date</b>            10-20-2017         </div> </div>			

## Attachment to C1PC – Candidates Supported

Name THE COALITION FOR A BETTER THURSTON

Candidate	Office	Party
GIGI MCCLURE	PORT COMMISSIONER	SUPPORT
BILL MCGREGOR	PORT COMMISSIONER	SUPPORT