



Political Committee Registration

C1PC
(C1P)

DATE FILED PDC
JUN 19 2009

Committee Name (Show entire official name):

Citizens for a Better Ballot

Acronym: _____
Telephone: **253-278-1101**

Mailing Address:

P. O. Box 1743

City: **Tacoma** County: **PIERCE** Zip: **98401-1743**
E-mail: **dblues49@aol.com**

NEW OR AMENDED REGISTRATION?
 NEW Complete entire form
 AMENDS previous report Complete entire form

COMMITTEE STATUS:
 Continuing (Changing, not established in anticipation of any particular campaign election)
 _____ election year only. (Date of general election) _____ (Year)

1. What is the purpose or description of the committee?
 Bona Fide Political Party Committee - official state or county central committee or local party 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: _____ Description of ballot measure: _____
 Ballot Number: _____ FOR AGAINST

Other Political Committee - PAC, caucus committee, school levy, 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? Yes 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 No If yes, identify the party.

2. Related or affiliated committees: List name, address and relationship. Continued on attached sheet.

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.)
 If no box is checked you are obligated to use Full Reporting. See instruction manuals for information about reports required and changing reporting options.
 MINI REPORTING
 Mini Reporting is selected. No more than \$2,000 will be raised or spent and no more than \$500 in the aggregate will be accepted from any one contributor.
 FULL REPORTING
 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: _____ Telephone Number: _____
To be identified when and if named

5. Treasurer's Name and Address. Does treasurer perform only ministerial functions? Yes ___ No ___ See WAC 390-05-240 and next page for details. List deputy treasurers on attached sheet. Continued on attached sheet.
Douglas E. Sharp 948 Altadena Court Fircrest, WA 98466 Daytime Telephone Number: **253-278-1101**

6. Persons who perform only ministerial functions on behalf of this committee and on behalf of related or other political committees. List name, title, and address of these persons. See WAC 390-05-243 and next page for details. Continued on attached sheet.

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".
KELLY L. HAUGHTON, PRESIDENT, 1228 38TH CT. NW, GIG HARBOR, WA, 98335 Continued on attached sheet.
RICHARD ANDERSON-CONNOLLY, VICE PRESIDENT, 2915 NORTH 22ND ST, TACOMA, WA, 98406
DOUGLAS E. SHARP, TREASURER, 948 ALTADENA CT, FRICREST, WA, 98466

8. Campaign Bank or Debit Card:
Wells Fargo Branch: **Tacoma Main** City: **Tacoma**

9. Campaign books must be open to the public by section between 8 a.m. and 3 p.m. during the eight days before the election, except Saturdays, Sundays, and legal holidays. In the space below, provide contact information, including phone number and the address where the inspection will take place. It is not acceptable to provide a post office box or an out-of-state address.
 Street Address, Room Number, City where campaign books will be available for inspection:
948 Altadena Court Fircrest
 In order to make an appointment, contact the campaign at (tele, home, fax, e-mail) **(253) 278-1101 dblues49@aol.com**

10. **Eligibility to Give to State Office Candidates** During the 180 days prior to making a contribution to a state office candidate, your committee must have received contributions of \$10 or more from at least ten persons registered to vote in Washington State.
 A check here indicates your awareness of and pledge to comply with this provision. Absence of a check mark means your committee does not qualify to give to state office candidates (legislative and statewide executive candidates).

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: **6/19/09**