

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/12)

THIS SPACE FOR OFFICE USE
 DATE FILED PDC
 MAY 08 2017

Candidate or Committee Name (Do not abbreviate. Use full name.)
Citizens to Recall Morgan

Mailing Address
PO Box 521

City Zip + 4 Office Sought (candidates) Election Date
Black Diamond 98010 Recall Council #3 2017

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous.....	\$	\$
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c).....		
	c. Loans, notes, security agreements. Attach Schedule L.....		
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation.....		
	e. Small contributions \$25.00 or less not itemized and number of persons giving _____ (persons)		

2. CONTRIBUTIONS OVER \$25.00


Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100: * Employer's Name, City and State	P R I	G E N	Amount	Aggregate* Total
4/17/2017	WA Assoc. Realtors PO Box 719 Olympia, WA 98507	Political Affairs Olympia WA			\$1,000.00	\$1,000.00
		Occupation				
4/12/2017	Alison Stern 29739 226th Ave. SE Black Diamond, WA 98010				\$50.00	\$50.00
		Occupation				
					\$	\$
		Occupation				
					\$	\$
		Occupation				
					\$	\$
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached				Sub-total Amount from attached pages	1,050.00

3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT

Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4. **1,050.00**

4. Date of Deposit: **4/21/2017**

Treasurer's Daytime Telephone No.: (253) 405 - 6564

I certify that this report is true and complete to the best of my knowledge
 Treasurer's Signature:  Date: **5/4/2017**

*See reverse for details.

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 MONETARY
 CONTRIBUTIONS**

C3
 (1/12)

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DATE FILED PDC

APR 14 2017

Candidate or Committee Name (Do not abbreviate. Use full name.)
Citizens to Recall Morgan

Mailing Address
PO Box 521

City Zip + 4 Office Sought (candidates) Election Date
Black Diamond 98010 Recall Council #3 2017

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous.....	\$	\$
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c).....		
	c. Loans, notes, security agreements. Attach Schedule L.....		
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation.....		
	e. Small contributions \$25.00 or less not itemized and number of persons giving _____ (persons)		

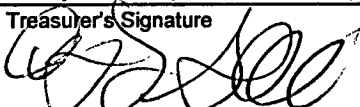
2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100:* Employer's Name, City and State	P R I	G E N	Amount	Aggregate* Total
3/8/2017	Robbin Taylor 32110 Botts Dr. Black Diamond, WA 98010	Homemaker			\$300.00	\$300.00
		Occupation				
3/8/2017	Judy Goodwin 29044 222nd PI SE Black Diamond, WA 98010	Retired			\$1,000.00	\$1,000.00
		Occupation				
3/8/2017	Johna Thomson PO Box 825 Black Diamond, WA 98010				\$50.00	\$50
		Occupation				
					\$	\$
		Occupation				
					\$	\$
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			1,350.00	*See reverse for details.
		Amount from attached pages			1,350.00	



3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT
 Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

4. Date of Deposit: **3/8/2007**

I certify that this report is true and complete to the best of my knowledge

Treasurer's Signature:  Date: **4/14/2017**

Treasurer's Daytime Telephone No.: (253) 405 - 6564

PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828		Political Committee Registration		C1PC (1/12)		MAR 08 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.) CITIZENS TO RECALL MORGAN				Acronym: N/A		Telephone: (253) 405-6564			
Mailing Address PO Box 521 KING 98010				Fax: () N/A		E-mail: CRAIG.GOODWIN99@gmail.com			
City King		County King		Zip + 4 98010					
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"/> 2017 election year only. Date of general or special election: N/A (Year)					
1. What is the purpose or description of the committee? <input type="checkbox"/> 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.									
<input checked="" type="checkbox"/> Ballot Committee - Initiative, Bond, Levy, Recall, etc. Name or description of ballot measure: Recall - No ballot FOR ELECTION DATE HAVE BEEN ESTABLISHED						Ballot Number N/A FOR <input type="checkbox"/> AGAINST <input type="checkbox"/>			
<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" 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. CITIZENS TO RECALL PEPPER PO Box 511 Black Diamond 98010 BOTH PEPPER AND MORGAN ON RECALL BALLOT <input type="checkbox"/> 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.) \$25,000 If no box is checked you are obligated to use Full Reporting. See instruction manuals for information about reports required and changing reporting options. <input type="checkbox"/> MINI REPORTING 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"/> 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 Johna Thomson PO Box 825 Black Diamond 98010						Telephone Number: (206) 406-4728			
5. Treasurer's Name and Address. Does treasurer perform only ministerial functions? Yes <input type="checkbox"/> No <input type="checkbox"/> See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. <input type="checkbox"/> Continued on attached sheet. Craig Goodwin 2904H 222nd PL SE Black Diamond 98010						Daytime Telephone Number: (253) 405-6564			
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. <input type="checkbox"/> Continued on attached sheet. N/A									
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." <input type="checkbox"/> Continued on attached sheet. Robbin Taylor - PRESIDENT Johna Thomson - SECRETARY Craig Goodwin - TREASURER									
8. Campaign Bank or Depository Columbia Bank				Branch Black Diamond		City Black Diamond			
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. Street Address, Room Number, City where campaign books will be available for inspection 2904H 222nd PL SE Black Diamond, WA 98010 CRAIG.GOODWIN99@gmail.com In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (253) 405-6564									
10. Eligibility to Give to Political Committees and State Office Candidates: 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 checked="" 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. Signature and Certification. I certify that this statement is true, complete and correct to the best of my knowledge. Committee Treasurer's Signature 			Date 3/8/17	