

Political Committee Registration

C1PC

(1/12)

DATE FILED PDC
JUN 25 2012

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 for Integrity in Government

Acronym: CIG

Telephone:

Mailing Address

Box 2281

Fax: ()

City

Tacoma

Pierce

Zip + 4

98402-9998

E-mail:

NEW OR AMENDED REGISTRATION?

xx NEW. Complete entire form.
 AMENDS previous report. Complete entire form.

COMMITTEE STATUS

xx Continuing (On-going; not established in anticipation of any particular campaign election.)
 _____ election year only. Date of general or special election: _____
(Year)

1. What is the purpose or description of the committee?

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 measure:

Ballot Number FOR AGAINST

xx Other Political Committee - PAC, caucus committee, political club, etc. If committee is related or affiliated with a business, association, union or similar entity, specify not related or affiliated with a business, association, union or similar entity

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.

none

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.) \$50,000 [fifty thousand]

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 \$5,000 will be raised or spent and no more than \$500 in the aggregate will be accepted from any one contributor.

xx 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:

()

5. Treasurer's Name and Address. Does treasurer perform only ministerial functions? Yes xx ___ No ___ See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet.

Continued on attached sheet.

Daytime Telephone Number:

(253) 572-3196

John K. McCluskey

Box 2281, Tacoma WA 98401

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.

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."

Continued on attached sheet.

Kenneth R. Miller, chair

3421 North 29th Street, Tacoma 98407

Lonnie Johns-Brown, vice chair

10748 3rd Avenue NW, Seattle 98177

8. Campaign Bank or Depository

Columbia Bank

Stadium Branch

Tacoma

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

3421 North 29th Street, Tacoma 98407

In order to make an appointment, contact the campaign at (telephone, fax, e-mail): () CIG@gmail.com

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.

xx 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

John K. McCluskey

06/24/2012

SEE INSTRUCTIONS ON NEXT PAGE

 PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 205 PO BOX 48008 OLYMPIA WA 98504-0808 (360) 753-1111 Toll Free 1-877-801-2828		Political Committee Registration		C1pc (1/12)	DATE FILED PDC JUL 12 2012
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.) Tacomans for Integrity in Government				Acronym: TIG Telephone:	
Mailing Address Box 2281				Fax: ()	
City Tacoma		Pierce		Zip + 4 98402-9998	
E-mail:		NEW OR AMENDED REGISTRATION? <input checked="" type="checkbox"/> NEW. Complete entire form. <input type="checkbox"/> AMENDS previous report. Complete entire form.			
COMMITTEE STATUS <input checked="" type="checkbox"/> Continuing (On-going; not established in anticipation of any particular campaign election.) <input type="checkbox"/> _____ election year only. Date of general or special election: _____ (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 type="checkbox"/> Ballot Committee - Initiative, Bond, Levy, Recall, etc. Name or description of ballot measure: _____ Ballot Number <input type="checkbox"/> FOR <input type="checkbox"/> AGAINST <input checked="" 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 not related or affiliated with a business, association, union or similar entity			
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 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 type="checkbox"/> No If yes, identify the party:		2. Related or affiliated committees. List name, address and relationship. none <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.) \$50,000 [fifty thousand] 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				Telephone Number: ()	
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.				Daytime Telephone Number: (253) 572-3196	
John K. McCluskey Box 2281, Tacoma WA 98401				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.	
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.				Kenneth R. Miller, chair 3421 North 29th Street, Tacoma 98407 Lonnie Johns-Brown, vice chair 10748 3rd Avenue NW, Seattle 98177	
8. Campaign Bank or Depository Columbia Bank		Stadium Branch		Tacoma	
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 3421 North 29th Street, Tacoma 98407 In order to make an appointment, contact the campaign at (telephone, fax, e-mail): () CIG@gmail.com					
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 John K. McCluskey Date 07/10/2012	

SEE INSTRUCTIONS ON NEXT PAGE

PDC Exhibit # 2
 Page 1 of 1

 PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 205 PO BOX 40608 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828		Political Committee Registration		C1PC (1/12)		100481680 AMENDS 0800382012	
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.) TACOMANS FOR INTEGRITY IN GOVERNMENT						Acronym: TIG	
Mailing Address PO BOX 2281						Telephone: 253-459-4758	
City TACOMA County PIERCE Zip + 4 98402						Fax: _____ E-mail: TIG27TH@GMAIL.COM	
NEW OR AMENDED REGISTRATION? <input type="checkbox"/> NEW. Complete entire form. <input checked="" type="checkbox"/> AMENDS previous report. Complete entire form.				COMMITTEE STATUS <input checked="" type="checkbox"/> Continuing (On-going; not established in anticipation of any particular campaign election.) <input type="checkbox"/> _____ election year only. Date of general or special election: _____ (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 type="checkbox"/> Ballot Committee - Initiative, Bond, Levy, Recall, etc. Name or description of ballot measure: _____						Ballot Number FOR <input type="checkbox"/> AGAINST <input type="checkbox"/>	
<input checked="" 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 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 type="checkbox"/> No If yes, identify the party: _____							
2. Related or affiliated committees. List name, address and relationship. <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.) 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						Telephone Number: _____	
5. Treasurer's Name and Address. Does treasurer perform only 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. <input type="checkbox"/> Continued on attached sheet.						Daytime Telephone Number: 253-459-4758	
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.							
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.							
KENNETH MILLER, CHAIR, 3421 NORTH 29TH ST, TACOMA WA 98407 LONNIE JOHNS-BROWN, VICE-CHAIR, 10748 3RD AVE NW, SEATTLE WA 98177							
8. Campaign Bank or Depository COLUMBIA BANK				Branch STADIUM		City TACOMA	
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 3421 NORTH 29TH ST, TACOMA In order to make an appointment, contact the campaign at (telephone, fax, e-mail): 253-459-4758 TIG27TH@GMAIL.COM							
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RECEIVED

Office Use Only: No. _____

JUL 30 2012

Public Disclosure Commission

**WASHINGTON STATE PUBLIC DISCLOSURE COMMISSION
COMPLAINT FORM***(See instructions on the last page.)***Description of Complaint****1. RESPONDENT:**

Identify who you are filing a complaint against and provide all contact information you have for them. Give names and titles, if any, for individuals, and the full name of any organization. Please note that the PDC does not enforce federal campaign finance laws or local ordinances.

Tacomans for Integrity in Government

Ken Miller, Marshall McClintock, Sharon Coleman, John Bartolatz

PO Box 2281

Tacoma, WA 98402

2. ALLEGED VIOLATIONS:

Explain how and when you believe the people/entities you are filing a complaint against violated RCW 42.17/RCW 42.17A or Title 390 WAC. Be as detailed as possible about dates, times, places and acts. If you can, cite which specific laws or rules you believe were violated. Attach additional pages if needed.

On July 20th, mailers from Tacomans for Integrity in Government impugning the leadership of Jack Connelly (currently a candidate for the Washington State Senate, 27th Legislative District), appeared in the mailboxes of residents of Tacoma. Tacomans for Integrity in Government failed to file a report with the PDC for those mailers within 24 hours of their dispersal. This constitutes a violation of state election law, specifically RCW 42.17A.305.

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JUL 30 2012

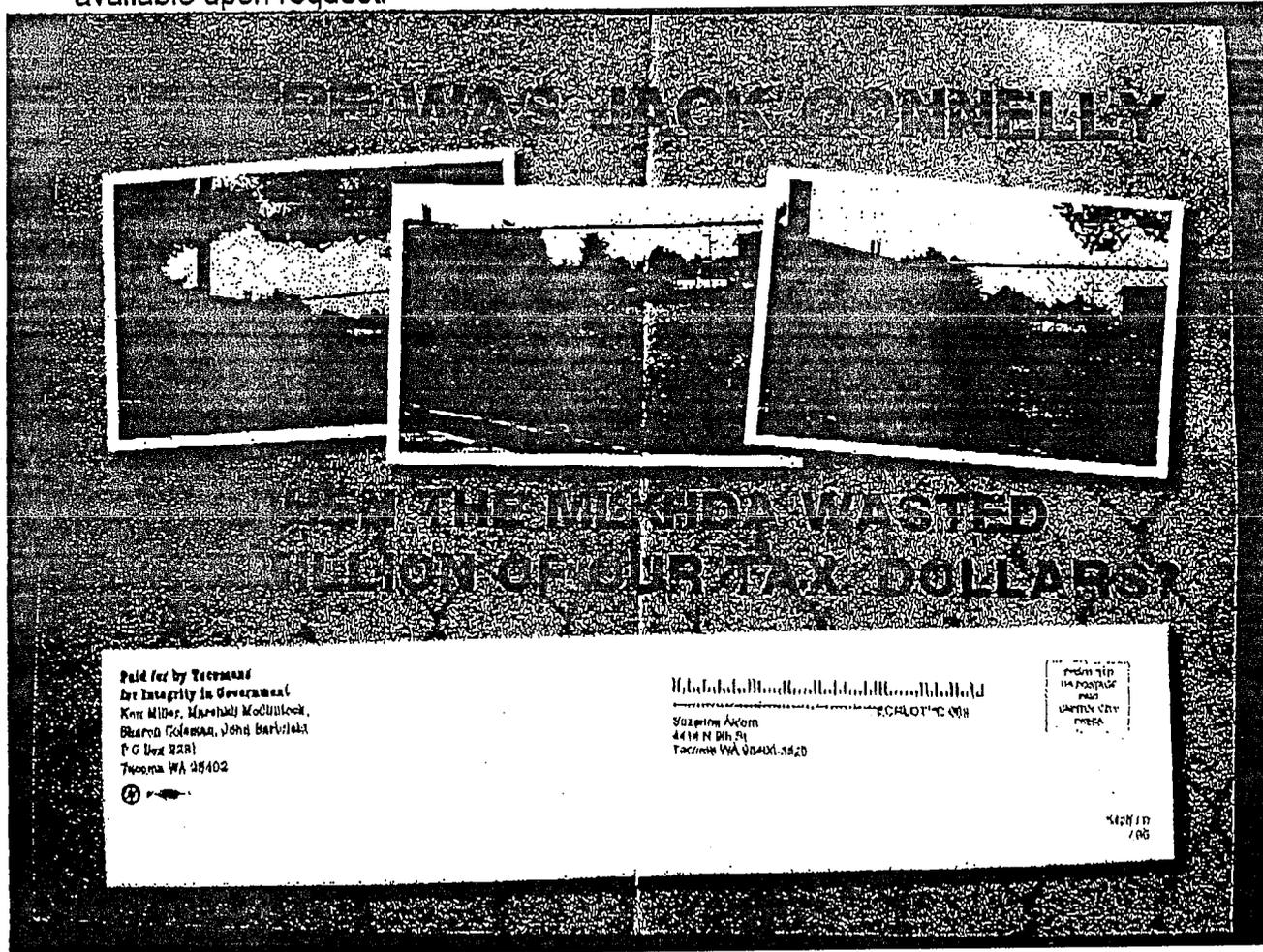
Evidence and Witnesses

Public Disclosure Commission

3. EVIDENCE:

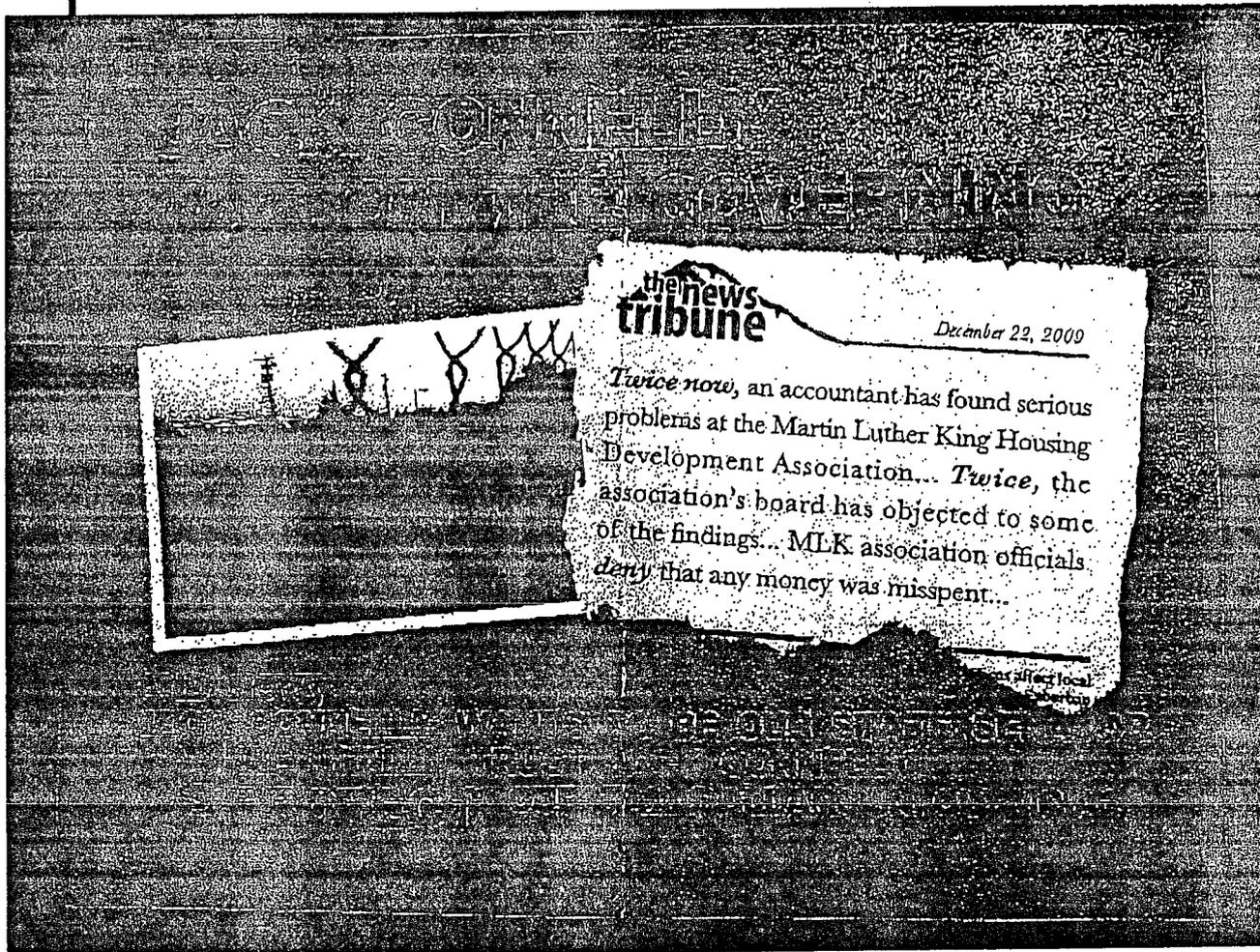
List the documents or other evidence you have that support your complaint, if any, and attach copies to this form. If you do not have copies, provide any information you have about where you believe the documents or evidence can be found and how to obtain it. Attach additional pages if needed.

Below are the mailers mentioned in Section 2 of this complaint, hardcopies of which are available upon request.



JUL 30 2012

Public Disclosure Commission



4. WITNESSES:

List the names and contact information, if known, of any witnesses or other persons who have knowledge of facts that support your complaint. Attach additional pages if needed.

Lewis Kamb recently posted a story in the Tacoma News Tribune about this incident and has researched it thoroughly.

Lewis Kamb
lewis.kamb@thenewstribune.com
1950 South State Street, Tacoma, Washington
98405 253-597-8742

RECEIVED

JUL 30 2012

Certification

Public Disclosure Commission

In signing this complaint:

- I have provided all information, documents and other evidence of which I am aware;
- If I become aware of additional information, documents or evidence related to my complaint, I will promptly provide it to the PDC; and,
- I am providing the PDC current information on how to contact me, and will promptly update that information if it changes.

Your name (print or type) Virginia B. Douglas

Street address 3403 N. 18th St.

City, state and zip code Tacoma, WA. 98406

Telephone number (including area code) 253 759 2565

E-mail address (optional) _____

Oath

Required for complaints against elected officials or candidates for elective office:

I certify (or declare) under penalty of perjury under the laws of the State of Washington that this complaint is complete, true and correct to the best of my knowledge and belief.*

Your signature Virginia B. Douglas

Date signed 7-30-12

Place signed (city and county)

Tacoma Pierce

City County

Attachments

€ Check here if you are attaching copies of documentary evidence or extra pages explaining your complaint.

*RCW 9A.72.040 says that "(1) A person is guilty of false swearing if he makes a false statement which he knows to be false, under an oath required or authorized by law. (2) False swearing is a misdemeanor."

AUG - 1 2012

Public Disclosure Commission



WASHINGTON STATE PUBLIC DISCLOSURE COMMISSION
COMPLAINT FORM

(See instructions on the last page.)

Description of Complaint

1. RESPONDENT:

Identify who you are filing a complaint against and provide all contact information you have for them. Give names and titles, if any, for individuals, and the full name of any organization. Please note that the PDC does not enforce federal campaign finance laws or local ordinances.

Example #1: Joe Public, Mayor of My Town,

123 Main Street, Your Town, State, Phone: 555-123-4567, Email: unknown

Example #2: The Political Action Group (instead of P.A.G.), 123 Main Street, Your Town, State,

Phone: 555-123-4567, Email: pag@pag.org

Tacomas for Integrity in Government Box 2281 Tacoma WA 98402-9998

John K McClinton, Treasurer Box 2281, Tacoma WA 98401 (253) 572-3194

Kenneth R. Miller, chair 3421 N. 29th St Tacoma WA 98407

Linnic John Drown, vice chair 10748 31st Ave NW Seattle, WA 98177

Marshall McClinton, Sharon Coleman, John Bartolatz,

no other information available except campaign address

2. ALLEGED VIOLATIONS:

Explain how and when you believe the people/entities you are filing a complaint against violated RCW 42.17/RCW 42.17A or Title 390 WAC. Be as detailed as possible about dates, times, places and acts. If you can, cite which specific laws or rules you believe were violated. Attach additional pages if needed. (Note that the RCW 42.17 citation applies to conduct before 2012 and the RCW 42.17A citation applies to conduct on or after January 1, 2012.)

1) Respondents violated RCW 42.17A.205(2)(a) by failing to include in its CIPC a valid address for the committee

2) Respondents violated RCW 42.17A.205(4) by failing to note the name, office sought, and party affiliation of the candidate the committee is imposing. It is self evident that the committee was formed to support Jack Connolly, running for State Senate as a Democrat

3) Respondents violated RCW 42.17A.220(1) by failing to deposit contributions within five days or 15 days of receipt.

4) Respondents violated RCW 42.17A.235(2)(a) by failing to file reports due seven days and twenty-one days prior to the August 7, 2012 primary

continued on attached page

2. ALLEGED VIOLATIONS (continued)

- 5) Respondents violated RCW 42.17A.255(3)(a) by failing to file reports of independent expenditures on the twenty-first day and seventh day preceding the August 7, 2012, primary.
- 6) Respondents violated RCW 42.17A.260 by failing to file the required report of political advertising within twenty-four hours or on the first working day after the attached material was delivered, that day of delivery being Friday, July 20th, 2012

RECEIVED

AUG - 1 2012

Public Disclosure Commission

Evidence and Witnesses

3. EVIDENCE:

List the documents or other evidence you have that support your complaint, if any, and attach copies to this form. If you do not have copies, provide any information you have about where you believe the documents or evidence can be found and how to obtain it. Attach additional pages if needed.

Example: Emails between Joe Public and Candidate X, attached OR

Joe Public has emails from Candidate X which describe an illegal campaign donation, and Joe Public's phone number is 555-123-4567

Mail received on Friday, July 20th. Copy is attached

Admission by Ken Miller in "apology" sent to the PCD, as reported by the News Tribune, that the committee could not receive mail at the address reported on the CIPC. Copy of online article from the News Tribune is attached, with admission highlighted. A similar admission to failure to deposit contributions within five business days was made and is highlighted as well.

Absence of reports is evidence of alleged violations 2), 4), 5), and 6)

4. WITNESSES:

List the names and contact information, if known, of any witnesses or other persons who have knowledge of facts that support your complaint. Attach additional pages if needed.

Example: Jane Public was present when Candidate X spoke to me about the illegal contribution. Jane Public's address is 123 Main Street, Your Town, USA 12345, and her phone number is 555-123-4567.

Capitol City Press, 2975-37th Ave SW, Tumwater, WA 98512 - phone number is 360-943-3556 - would have relevant business records substantiating the printing and mailing of the mailer, including cost and timing.

RECEIVED

AUG - 1 2012

Public Disclosure Commission

Certification

In signing this complaint:

- I have provided all information, documents and other evidence of which I am aware;
- If I become aware of additional information, documents or evidence related to my complaint, I will promptly provide it to the PDC; and,
- I am providing the PDC current information on how to contact me, and will promptly update that information if it changes.

Your name (print or type) James L King, Jr.

Street address 6322 N. 26th St # 9107

City, state and zip code Tacoma, WA 98407

Telephone number (including area code) (360) 480-0038 (cell phone)

E-mail address (optional) jimkingjr@yahoo.com

Oath

Required for complaints against elected officials or candidates for elective office:

I certify (or declare) under penalty of perjury under the laws of the State of Washington that this complaint is complete, true and correct to the best of my knowledge and belief.*

Your signature _____

Date signed _____

Place signed (city and county)

City

County

Attachments

Check here if you are attaching copies of documentary evidence or extra pages explaining your complaint.

**RCW 9A.72.040 says that "(1) A person is guilty of false swearing if he makes a false statement which he knows to be false, under an oath required or authorized by law. (2) False swearing is a misdemeanor."*

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AUG - 1 2012

Public Disclosure Commission

PDC Exhibit # 5
Page 4 of 4

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AUG - 3 2012



WASHINGTON STATE PUBLIC DISCLOSURE COMMISSION Public Disclosure Commission
COMPLAINT FORM

(See instructions on the last page.)

Description of Complaint

1. RESPONDENT:

Identify who you are filing a complaint against and provide all contact information you have for them. Give names and titles, if any, for individuals, and the full name of any organization. Please note that the PDC does not enforce federal campaign finance laws or local ordinances.

Example #1: Joe Public, Mayor of My Town,

123 Main Street, Your Town, State, Phone: 555-123-4567, Email: unknown

Example #2: The Political Action Group (instead of P.A.G.), 123 Main Street, Your Town, State,

Phone: 555-123-4567, Email: pag@pag.org

Tacomans for Integrity in Government Box 2281 Tacoma WA 98402-9998

John K McCluskey, treasurer Box 2281 Tacoma WA 98401 (253) 572-3196

Kenneth R. Miller, chair 3421 N. 29th St Tacoma WA 98407

Luanne John-Brown, vice chair 10748 3rd Ave NW Seattle WA 98177

Kim Burkes Phyllis Izant, John Dertolake no other info available

Camryn e-mail: 71927th@gmail.com

2. ALLEGED VIOLATIONS:

Explain how and when you believe the people/entities you are filing a complaint against violated RCW 42.17/RCW 42.17A or Title 390 WAC. Be as detailed as possible about dates, times, places and acts. If you can, cite which specific laws or rules you believe were violated. Attach additional pages if needed. (Note that the RCW 42.17 citation applies to conduct before 2012 and the RCW 42.17A citation applies to conduct on or after January 1, 2012.)

Respondent failed to file the report required by RCW 42.17A.260,
of political advertising, within 24 hours of the attached mail
being delivered, that day of delivery being Wednesday August 2, 2012,
and this being the second mail delivered without reporting

RECEIVED

AUG - 3 2012



WASHINGTON STATE PUBLIC DISCLOSURE COMMISSION Public Disclosure Commission
COMPLAINT FORM
(See Instructions on the last page.)

Description of Complaint

1. RESPONDENT:

Identify who you are filing a complaint against and provide all contact information you have for them. Give names and titles, if any, for individuals, and the full name of any organization. Please note that the PDC does not enforce federal campaign finance laws or local ordinances.

Example #1: Joe Public, Mayor of My Town,
123 Main Street, Your Town, State, Phone: 555-123-4567, Email: unknown
Example #2: The Political Action Group (instead of P.A.G.), 123 Main Street, Your Town, State,
Phone: 555-123-4567, Email: pag@pag.org

Tacomans for Integrity in Government Pox 2281 Tacoma WA 98402-9998
John K McCluskey, treasurer Pox 2281 Tacoma WA 98401 (253) 572-3196
Kenneth R. Miller, chair 3421 N. 29th St Tacoma WA 98407
Luanne John-Brown, vice chair 10748 3rd Ave NW Seattle, WA 98177
Kim Burkes Phyllis Izant, John Dardolatte no other info available
Campaign e-mail: 719274@gmail.com

2. ALLEGED VIOLATIONS:

Explain how and when you believe the people/entities you are filing a complaint against violated RCW 42.17/RCW 42.17A or Title 390 WAC. Be as detailed as possible about dates, times, places and acts. If you can, cite which specific laws or rules you believe were violated. Attach additional pages if needed. (Note that the RCW 42.17 citation applies to conduct before 2012 and the RCW 42.17A citation applies to conduct on or after January 1, 2012.)

Respondents failed to file the report required by RCW 42.17A.240,
of political advertising, within 24 hours of the attached mail
being delivered, that day of delivery being Wednesday August 2, 2012,
and this being the second mail delivered without reporting

Certification

In signing this complaint:

- I have provided all information, documents and other evidence of which I am aware;
- If I become aware of additional information, documents or evidence related to my complaint, I will promptly provide it to the PDC; and,
- I am providing the PDC current information on how to contact me, and will promptly update that information if it changes.

Your name (print or type) James L. King, Jr

Street address 6322 N. 26th St # 9107

City, state and zip code Tacoma, WA 98407

Telephone number (including area code) (360) 786-0038 (cell phone)

E-mail address (optional) jinkingjr@yahoo.com

Oath

Required for complaints against elected officials or candidates for elective office:

I certify (or declare) under penalty of perjury under the laws of the State of Washington that this complaint is complete, true and correct to the best of my knowledge and belief.*

Your signature _____

Date signed _____

Place signed (city and county) _____

City _____ County _____

Attachments

Check here if you are attaching copies of documentary evidence or extra pages explaining your complaint.

**RCW 9A.72.040 says that "(1) A person is guilty of false swearing if he makes a false statement which he knows to be false, under an oath required or authorized by law. (2) False swearing is a misdemeanor."*

Kurt Young

From: Jon Ammons on behalf of PDC
Sent: Wednesday, March 06, 2013 9:48 AM
To: Kurt Young
Subject: FW: Delivery Status Notification (Failure)

QFProcessed: SendOnly

From: ken miller [mailto:krm403@gmail.com]
Sent: Tuesday, July 31, 2012 8:09 AM
To: PDC
Subject: Re: Delivery Status Notification (Failure)

I'm writing on behalf of Tacomans for Integrity in Government, a political action committee making independent expenditures.

We have failed to report both spending and contributions received in July, 2012. I'd like to explain our failure, and assure you it won't be repeated.

Actually we made two mistakes - or more precisely, I did.

First, after reading the "Resources for Filers" section of the PDC web site, I came away with the impression we had two weeks from the time we first spent money before we were required to report. Obviously this is a badly mangled recollection of the rules; but it's what I thought was correct.

Second, instead of sending each check to our treasurer as it was received, I held checks until several expected contributions arrived. Then I mailed them to our treasurer. This has caused further delay. [You might ask, why not have checks sent directly to the treasurer at the PAC's address? Because the Postal Service would not deliver PAC mail to our address, which happens to be the treasurer's post office box.]

Our only defense: we're amateurs.

In no way did we intend to obscure the names of our contributors, the amounts of their contributions or the uses to which we put their funds.

You'll note we listed top contributors on our mailing, in an effort to be transparent. In so doing, we complied with possibly the single most important IE rule: disclosing contributors.

We will do everything possible to meet both the letter and spirit of Washington's campaign finance laws in the future. Please let me know what questions the Commission may have for us.

Thank you for your consideration.

Best wishes,

Ken Miller



Reporting Form for: (check one)

Instructions on Page 3

- INDEPENDENT EXPENDITURES (Occurring at any time) — \$100 or more
 INDEPENDENT EXPENDITURE ADS (Appearing within 21 days of an election) — \$1,000 or more
 ELECTIONEERING COMMUNICATIONS, Except Contributions (Appearing within 60 days of an election) — \$1,000 or more

1. Name and complete postal mailing address of sponsor: TACOMAN'S FOR INTEGRITY IN GOVERNMENT PO BOX 2281 TACOMA, WA 98402	E-mail NIC@PROGRESSIVESTRA
	Telephone 253-459-4758

2. Itemize expenditures of more than \$100 associated with the independent expenditure or electioneering communication.

Date Made	Date First Presented/ Mailed	Name and Address of Vendor or Recipient	Description of Expenditure (e.g., direct mail or newspaper, TV or radio ad)	Amount or Value (*See Below)
07/17/12	07/20/12	CAP CITY PRESS 2975 37TH AVENUE SOUTHWEST TUMWATER, WA 98512	MAILING	7,385.02
Expenditures \$100 or less not itemized above				\$ 0.00
Total this report				\$ 7,385.02
Amount or Value *If no reasonable estimate can be made of value, describe activity, services, property or right furnished precisely and attach copy of item produced or distributed.			Total independent expenditures and electioneering communications made during this election campaign. Include amounts shown in this report and previously submitted C-6 reports.	\$ 7,385.02

3. List of candidate(s) or ballot proposition(s) identified in the advertising.					Show portion of current expense attributable to each candidate or proposition	Show total C-6 expenses related to each candidate/ proposition during election campaign
Candidate/Proposition	Office/District/ Proposition No.	Party	Check Support or Oppose			
ONNELLY, JOHN JACK)	STATE SENATOR/LEG DISTRICT 27 - SENATE	DEMOCRAT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 7,385.02	\$ 7,385.02
			<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
			<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
			<input type="checkbox"/>	<input type="checkbox"/>	\$	\$

Continued on attached sheet

Filer Name:

4. If reporting an Electioneering Communication, it is necessary to disclose information concerning the source of funding for the communication. Select the description that applies:

- a) ___ An individual using only personal funds.
- b) ___ An individual using personal funds and/or funds received from others.
- c) ___ A business, union, group, association, organization, or other person using only general treasury funds.
- d) ___ A business, union, group, association, organization, or other person using general treasury funds and/or funds received from others.
- e) **X** A political committee filing C-3 and C-4 reports. (RCW 42.17A.205 - .240)
- f) ___ A political committee filing C-5 reports. (RCW 42.17A.250)
- g) ___ Other

If (b), (d), (f), or (g) applies, complete section 5 below. If (e) applies, also complete section 5 if the committee received funds that were requested or designated for the communication.

5. Sources giving in excess of \$250 for the electioneering communication:

Date Received	Source's Name, Address, City, State, Zip	For individuals, Employer's Name, City and State	Amount
07/12/12	MILLER, KEN 3421 N 29TH ST TACOMA, WA 98407		\$ 5,260.02
		Occupation RETIRED	
07/19/12	MC CLINTOCK, MARSHALL 701 N J ST TACOMA, WA 98403		\$ 1,000.00
		Occupation RETIRED	
07/12/12	COLEMAN, SHARON 2919 N 33RD ST TACOMA, WA 98407		\$ 1,000.00
		Occupation RETIRED	
07/12/12	BARTOLATZ, JOHN 4810 TOK-A-LOK AVE NE TACOMA, WA 98422		\$ 125.00
		Occupation RETIRED	
			\$
		Occupation	
			\$
		Occupation	
		Sub-Total	\$ 7,385.02
	Continued on attached sheet <input type="checkbox"/>	Amount from attached pages	\$ 0.00
		TOTAL FUNDS RECEIVED	\$ 7,385.02

Sponsor of Independent Expenditure or Electioneering Communication

I certify (or declare) under penalty of perjury under the laws of the State of Washington that this expenditure was not made in cooperation, consultation, or concert with, or at the request or suggestion of, a candidate, a candidate's authorized committee, or an agent of a candidate nor does it otherwise constitute a contribution under RCW 42.17A.005. I further certify that the above information is true, complete, and correct to the best of my knowledge.

Signature	Printed Name NIC VAN PUTTEN
Street address 25 N BROADWAY #108	
City/State/Zip TACOMA WA 98403	
Date Signed 08/03/12	Place Signed (city and county) TACOMA PIERCE

*RCW 9A 72.040 provides that "(1) A person is guilty of false swearing if he makes a false statement, which he knows to be false, under an oath required or authorized by law. (2) False swearing is a misdemeanor."



Reporting Form for: (check one)

Instructions on Page 3

- INDEPENDENT EXPENDITURES (Occurring at any time) — \$100 or more
 INDEPENDENT EXPENDITURE ADS (Appearing within 21 days of an election) — \$1,000 or more
 ELECTIONEERING COMMUNICATIONS, Except Contributions (Appearing within 60 days of an election) — \$1,000 or more

1. Name and complete postal mailing address of sponsor:

TACOMAN'S FOR INTEGRITY IN GOVERNMENT
 PO BOX 2281
 TACOMA, WA 98402

E-mail: NIC@PROGRESSIVESTRA
 Telephone: 253-459-4758

2. Itemize expenditures of more than \$100 associated with the independent expenditure or electioneering communication.

Date Made	Date First Presented/ Mailed	Name and Address of Vendor or Recipient	Description of Expenditure (e.g., direct mail or newspaper, TV or radio ad)	Amount or Value (*See Below)
07/25/12	08/01/12	CAP CITY PRESS 2975 37TH AVENUE SOUTHWEST TUMWATER, WA 98512	MAILING	7,379.35
07/27/12	08/01/12	JOHN ENGBER AND ASSOCIATES 349 N. 77TH STREET SEATTLE, WA 98103	CONSULTING	2,000.00

Expenditures \$100 or less not itemized above \$ 0.00

Total this report		\$ 9,379.35
Total independent expenditures and electioneering communications made during this election campaign. Include amounts shown in this report and previously submitted C-6 reports.		\$ 16,764.37

3. List of candidate(s) or ballot proposition(s) identified in the advertising.

Candidate/Proposition	Office/District/ Proposition No.	Party	Check Support or Oppose	Show portion of current expense attributable to each candidate or proposition	Show total C-6 expenses related to each candidate/ proposition during election campaign
CONNELLY, JOHN (JACK)	STATE SENATOR/LEG DISTRICT 27 - SENATE	DEMOCRAT	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	\$ 9,379.35	\$ 16,764.37
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	\$
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	\$
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	\$

Continued on attached sheet

Filer Name:

4. If reporting an Electioneering Communication, it is necessary to disclose information concerning the source of funding for the communication. Select the description that applies:

- a) ___ An individual using only personal funds.
- b) ___ An individual using personal funds and/or funds received from others.
- c) ___ A business, union, group, association, organization, or other person using only general treasury funds.
- d) ___ A business, union, group, association, organization, or other person using general treasury funds and/or funds received from others.
- e) **X** A political committee filing C-3 and C-4 reports. (RCW 42.17A.205 - .240)
- f) ___ A political committee filing C-5 reports. (RCW 42.17A.250)
- g) ___ Other

If (b), (d), (f), or (g) applies, complete section 5 below. If (e) applies, also complete section 5 if the committee received funds that were requested or designated for the communication.

5. Sources giving in excess of \$250 for the electioneering communication:

Date Received	Source's Name, Address, City, State, Zip	For individuals, Employer's Name, City and State	Amount
07/12/12	MILLER, KEN 3421 N 29TH ST TACOMA, WA 98407	Occupation RETIRED	\$ 8,304.35
07/30/12	JARVIS, MICHAEL 2311 VISTA DR TACOMA, WA 98406	Occupation RETIRED	\$ 125.00
07/30/12	LARSON, CRAIG 2311 VISTA VIEW DR TACOMA, WA 98406	WA STATE OLYMPIA, WA Occupation ADMINISTRATOR	\$ 125.00
07/19/12	IZANT, PHYLLIS 4705 MEMORY LN W UNIVERSITY PLACE, WA 98466	Occupation SELF	\$ 500.00
07/17/12	BURKES, KIM 1912 NORTH PUGET SOUND TACOMA, WA 98406	UNION AVENUE PHARMACY TACOMA, WA Occupation OWNER	\$ 200.00
07/12/12	BARTOLATZ, JOHN 4810 TOK-A-LOK AVE NW TACOMA, WA 98422	Occupation RETIRED	\$ 125.00
Sub-Total			\$ 9,379.35
Continued on attached sheet <input type="checkbox"/> Amount from attached pages			\$ 0.00
TOTAL FUNDS RECEIVED			\$ 9,379.35

Sponsor of Independent Expenditure or Electioneering Communication		
I certify (or declare) under penalty of perjury under the laws of the State of Washington that this expenditure was not made in cooperation, consultation, or concert with, or at the request or suggestion of, a candidate, a candidate's authorized committee, or an agent of a candidate nor does it otherwise constitute a contribution under RCW 42.17A.005. I further certify that the above information is true, complete, and correct to the best of my knowledge.	Signature	Printed Name NIC VAN PUTTEN
	Street address 25 N BROADWAY #108	
	City/State/Zip TACOMA WA 98403	
	Date Signed 08/03/12	Place Signed (city and county) TACOMA PIERCE
	<small>*RCW 9A.72.040 provides that "(1) A person is guilty of false swearing if he makes a false statement, which he knows to be false, under an oath required or authorized by law. (2) False swearing is a misdemeanor."</small>	
	PDC Exhibit # <u>9</u> Page <u>2</u> of <u>2</u>	

**SUMMARY, FULL REPORT
 RECEIPTS AND
 EXPENDITURES**

C4 <small>(3/97)</small>	PDC OFFICE USE
	100481749
	08-03-2012

Candidate or Committee Name (Do not abbreviate. Include full name)
Tacomans for Integrity in Government

Mailing Address
PO Box 2281

City
Tacoma, WA.

Zip + 4 98402	Office Sought (Candidates)	Election Date 2012
Report Period Covered 07/17/12	To (end of period) 07/30/12	Final Report? Yes No X

***For PACs, Parties & Caucus Committees:** During this report period, did the committee make an **independent expenditure** (i.e., an expense not considered a contribution) supporting or opposing a state or local candidate?

RECEIPTS

*See next page Yes No

1. Previous total cash and in kind contributions (From line 8, last C-4) (if beginning a new campaign or calendar year, see instruction booklet)	\$	0.00
2. Cash received (From line 2, Schedule A)	\$	16,764.37
3. In kind contributions received (From line 1, Schedule B).....		0.00
4. Total cash and in kind contributions received this period (Line 2 plus 3).....		16,764.37
5. Loan principal repayments made (From line 2, Schedule L).....		0.00
6. Corrections (From line 1 or 3, Schedule C)..... Show + or (-)		0.00
7. Net adjustments this period (Combine line 5 & 6)..... Show + or (-)		0.00
8. Total cash and in kind contributions during campaign (Combine lines 1, 4 & 7)		16,764.37
9. Total pledge payments due (From line 2, Schedule B).....	0.00	

EXPENDITURES

10. Previous total cash and in kind expenditures (From line 17, last C-4) (If beginning a new campaign or calendar year, see instruction booklet)	0.00
11. Total cash expenditures (From line 4, Schedule A)	16,764.37
12. In kind expenditures (goods & services) (From line 1, Schedule B)	0.00
13. Total cash and in kind expenditures made this period (Line 11 plus line 12).....	16,764.37
14. Loan principal repayments made (From line 2, Schedule L).....	0.00
15. Corrections (From line 2 or 3, Schedule C)..... Show + or (-)	0.00
16. Net adjustments this period (Combine lines 14 & 15)..... Show + or (-)	0.00
17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16).....	16,764.37

CANDIDATES ONLY

	Won	Lost	Unopposed	Name not on ballot
Primary election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Treasurer's Daytime Telephone No.:
 (253) 459-4758

CASH SUMMARY

18. Cash on hand (Line 8 minus line 17)	0.00
<small>[Line 18 should equal your bank account balance(s) plus your petty cash balance.]</small>	
19. Liabilities: (Sum of loans and debts owed)	13,564.37
20. Balance (Surplus or deficit) (Line 18 minus line 19)	-13,564.37

CERTIFICATION: I certify that the information herein and on accompanying schedules and attachments is true and correct to the best of my knowledge.

Candidate's Signature	Date	Treasurer's Signature	Date
		Nic Van Putten	

CASH RECEIPTS AND EXPENDITURE

SCHEDULE
to C4

A

(11/93)

2

Candidate or Committee Name (Do not abbreviate. Use full name.)

Report Date

07/17/12 07/30/12

1. CASH RECEIPTS (Contributions) which have been reported on C3. List each deposit made since last C4 report was submitted.

Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits
07/30/2012	16,764.37					

2. TOTAL CASH RECEIPTS Enter also on line 2 of C4 \$ 16,764.37

CODES FOR CLASSIFYING EXPENDITURES: If one of the following codes is used to describe an expenditure, no other description is generally needed. The exceptions are:

- 1) If expenditures are in-kind or earmarked contributions to a candidate or committee or independent expenditures that benefit a candidate or committee, identify the candidate or committee in the Description block;
- 2) When reporting payments to vendors for travel expenses, identify the traveler and travel purpose in the Description block; and
- 3) If expenditures are made directly or indirectly to compensate a person or entity for soliciting signatures on a statewide initiative or referendum petition, use code "V" and provide the following information on an attached sheet: name and address of each person/entity compensated, amount paid each during the reporting period, and cumulative total paid all persons to date to gather signatures.

<p>CODE DEFINITIONS ON NEXT PAGE</p>	<p>C - Contributions (monetary, in-kind & transfers) I - Independent Expenditures L - Literature, Brochures, Printing B - Broadcast Advertising (Radio, TV) N - Newspaper and Periodical Advertising O - Other Advertising (yard signs, buttons, etc.) V - Voter Signature Gathering</p>	<p>P - Postage, Mailing Permits S - Surveys and Polls F - Fundraising Event Expenses T - Travel, Accommodations, Meals M - Management/Consulting Services W - Wages, Salaries, Benefits G - General Operation and Overhead</p>
--	--	--

3. EXPENDITURES

- a) Expenditures of \$50 or less, including those from petty cash, need not be itemized. Add up these expenditures and show the total in the amount column on the first line below..
- b) Itemize each expenditure of more than \$50 by date paid, name and address of vendor, code/description, and amount.
- c) For each payment to a candidate, campaign worker, PR firm, advertising agency or credit card company, attach a list of detailed expenses or copies of receipts/invoices supporting the payment.

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount
N/A	Expenses of \$50 or less	N/A	N/A	
07/17/12	CAP CITY PRESS 2975 37th Avenue Southwest Tumwater, WA 98512		Mailing	3,178.95
07/20/12	CAP CITY PRESS 2975 37th Avenue Southwest Tumwater, WA 98512		Mailing	4,206.07
07/25/12	CAP CITY PRESS 2975 37th Avenue Southwest Tumwater, WA 98512		Mailing	3,178.95
07/30/12	CAP CITY PRESS 2975 37th Avenue Southwest Tumwater, WA 98512		Mailing	4,200.40
07/27/12	JOHN ENGBER AND ASSOCIATES 349 N. 77th Street Seattle, WA 98103		Consulting	2,000.00

4. TOTAL CASH EXPENDITURES

PDC Exhibit # 10
 Page 2 of 3

Total from attached pages \$ 0.00
 Enter also on line 11 of C4 \$ 16,764.37

LOANS

**SCHEDULE
TO C4**

L

(12/99)

3

Candidate or Committee Name

Report Date

07/17/12

07/30/12

4. LOANS STILL OWED. List each loan that has previously been reported and still has a balance due.

Date	Lender's Name and Address	Original Amount	Principal Repaid or Forgiven	Amount Owed
07/12/12	KEN MILLER 3421 N 29th St. Tacoma, WA 98407	13,564.37	0.00	13,564.37
			Subtotal This Page	13,564.37

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

100481742

08-03-2012

Candidate or Committee Name (Do not abbreviate. Use full name.)
 Tacomans for Integrity in Government

Mailing Address
 PO Box 2281

City Zip + 4 Office Sought (candidates) Election Date
 Tacoma, WA 98402 2012

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).....		
07/12/12	c. Loans, notes, security agreements. Attach Schedule L.....	13,564.37	
	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
07/12/12	SHARON COLEMAN 2919 N 33rd St Tacoma, WA 98407				1,000.00	1,000.00
		Occupation RETIRED				
07/19/12	MARSHALL M CLINTOCK 701 N J St Tacoma, WA 98403				1,000.00	1,000.00
		Occupation RETIRED				
07/30/12	RICHARD BARTOLATZ 4810 Tok-A-Lok Ave NE Tacoma, WA 98422				250.00	250.00
		Occupation RETIRED				
07/17/12	KIM BURKES 1912 North Puget Sound Tacoma, WA 98406	Union Ave Pharmacy Tacoma, WA			200.00	200.00
		Occupation OWNER				
07/30/12	MICHAEL JARVIS 2311 Vista View Drive Tacoma, WA 98406				125.00	125.00
		Occupation RETIRED				
	<input checked="" type="checkbox"/> Check here if additional pages are attached				Sub-total 16,139.37	
					Amount from attached pages 625.00	

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.

16,764.37

*See reverse for details.

4. Date of Deposit: 07/30/12

Treasurer's Daytime Telephone No.: (253) 459-4758

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

Treasurer's Signature: Nic Van Putten Date: 08-03-2012

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
 Tacomans for Integrity in Government

Deposit Date
 07/30/12

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*
07/30/12	CRIAG LARSON 2311 Vista View Drive Tacoma, WA 98406	WA State Olympia, WA Occupation ADMINISTRATOR					125.00	125.00
07/19/12	PHYLLIS IZANT 4705 Memory Ln W University Place, WA 98466	, Occupation SELF					500.00	500.00
		Occupation						
		Occupation						
		Occupation						
		Occupation						
		Occupation						
		Occupation						
		Occupation						
		Occupation						
		Occupation						
		Occupation						

Page Total 625.00

LOANS

SCHEDULE TO C3 OR C4

L

(12/99)

Page 3

Candidate or Committee Name

Report Date

~~Tacomas for Integrity in Government~~

1. MONETARY OR IN-KIND LOAN RECEIVED. Loans are considered contributions and are subject to any applicable limit.

Date Loaned	Lender's Name and Address	PRI	GEN	Amount of Loan	Annual Interest Rate	Repayment Schedule	Date Due
07/12/12	KEN MILLER 3421 N 29th St Tacoma, WA 98407			13,564.37	0.0%		
<p>If monetary loan, also include this amount on line 1c, C3 report. If in-kind loan, itemize in Part 1 of Schedule B.</p>							
Name and Address of Each Loan Endorser, Co-Signer		PRI	GEN	Amount Liable For (Same as Loan Amount)	Aggregate Total	Endorser's Occupation and Name, City, & State of Employer	
						Lender's Occupation and Name, City & State of Employer RETIRED	
Date Loaned	Lender's Name and Address	PRI	GEN	Amount of Loan	Annual Interest Rate	Repayment Schedule	Date Due
<p>If monetary loan, also include this amount on line 1c, C3 report. If in-kind loan, itemize in Part 1 of Schedule B.</p>							
Name and Address of Each Loan Endorser, Co-Signer		PRI	GEN	Amount Liable For (Same as Loan Amount)	Aggregate Total	Endorser's Occupation and Name, City, & State of Employer	
						Lender's Occupation and Name, City & State of Employer	
Date Loaned	Lender's Name and Address	PRI	GEN	Amount of Loan	Annual Interest Rate	Repayment Schedule	Date Due
<p>If monetary loan, also include this amount on line 1c, C3 report. If in-kind loan, itemize in Part 1 of Schedule B.</p>							
Name and Address of Each Loan Endorser, Co-Signer		PRI	GEN	Amount Liable For (Same as Loan Amount)	Aggregate Total	Endorser's Occupation and Name, City, & State of Employer	
						Lender's Occupation and Name, City & State of Employer	
Date Loaned	Lender's Name and Address	PRI	GEN	Amount of Loan	Annual Interest Rate	Repayment Schedule	Date Due
<p>If monetary loan, also include this amount on line 1c, C3 report. If in-kind loan, itemize in Part 1 of Schedule B.</p>							
Name and Address of Each Loan Endorser, Co-Signer		PRI	GEN	Amount Liable For (Same as Loan Amount)	Aggregate Total	Endorser's Occupation and Name, City, & State of Employer	
						Lender's Occupation and Name, City & State of Employer	