

COMPLAINT TO THE PUBLIC DISCLOSURE COMMISSION

Pasco Citizens for Better Schools

October 16, 2017

RESPONDENTS:

Jamie Southworth, Chair, 4821 Laredo Drive, Pasco Washington 99301; 509-845-1249;
SOUTHWTI@HOTMAIL.COM

Courtney Stenson, Treasurer, 11613 Quail Run Road, Pasco, Washington 99301; 509-380-7835.

STATEMENT OF FACTS:

On September 2, 2016, Respondents filed a C1pc for Pasco Citizens for Better Schools. The Political committee was registered for the purposes of supporting an unenumerated ballot measure to run on February 17, 2017 (for the uninformed, the ballot measure was a \$69.5 million Bond, Proposition 1). See Exhibit 1.

On September 25, 2017, Respondents received a \$2,000.00 Contribution from Pasco Association of Educators for their Committee which served to support an unenumerated ballot measure on February 14, 2017. September 25, 2017 is 224 days after the February 14, 2017 election. See Exhibit 2.

Prior to the September 25, 2017 infusion of cash, Pasco Citizens for Better Schools had no debt, and \$3,622.44 cash on hand, more than adequate to support a ballot measure which has long passed.

It would be impossible for Pasco Citizens for Better Schools to spend the \$2,000.00 contributed by the Pasco Association of Educators on the unenumerated ballot measure which ran on the February 14, 2017 Ballot.

EXHIBIT 1


 <p>PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828</p>	<h1>Political Committee Registration</h1>	<h1>C1PC</h1> <p>(1/12)</p>	100718088 09-02-2016
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.) PASCO CITIZENS FOR BETTER SCHOOLS		Acronym: Telephone: 509-845-1249	
Mailing Address PO BOX 4958		Fax: 509-547-0505	
City PASCO	County FRANKLIN	Zip + 4 99302	E-mail: SOUTHWTI@HOTMAIL.COM
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>02/14/2017</u> (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:			Ballot Number FOR AGAINST <input checked="" type="checkbox"/> <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 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 JAMIE SOUTHWORTH 4821 LAREDO DRIVE, PASCO WA 99301		Telephone Number: 509-845-1249	
5. Treasurer's Name and Address. Does treasurer perform <u>only</u> ministerial functions? Yes ___ No <u>X</u> . See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. <input type="checkbox"/> Continued on attached sheet. COURTNEY STENSON 11613 QUAIL RUN ROAD, PASCO WA 99301		Daytime Telephone Number: 509-380-7835	
6. Persons who perform only ministerial functions on behalf of this committee <u>and</u> 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. EMILY MALONEY, SECRETARY, 6103 CANDLESTICK DRIVE, PASCO WA 99301			
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.			
8. Campaign Bank or Depository US BANK	Branch PASCO	City PASCO	
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 10110 CHAPEL HILL BOULEVARD, PASCO In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (509) 547-0544 (509) 547-0505 MARKCPA@BAKERGILES.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. <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Committee Treasurer's Signature COURTNEY STENSON </div> <div style="text-align: center;"> Date 09-02-2016 </div> </div>	

EXHIBIT 2

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

100791114
 AMENDS
 100789702
 10-09-2017

Candidate or Committee Name (Do not abbreviate. Use full name.)
 PASCO CITIZENS FOR BETTER SCHOOLS

Mailing Address
 PO BOX 4958

City: PASCO, WA Zip + 4: 99302 Office Sought (candidates): Election Date: 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
09/25/17	PASCO ASSOCIATION OF EDUCATORS 500 N 20TH AVE PASCO, WA 99301				2,000.00	2,000.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			2,000.00	*See reverse for details.
		Amount from attached pages			0.00	

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.

2,000.00

4. Date of Deposit: 09/25/17

Treasurer's Daytime Telephone No.: (509) 380-7835

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

Treasurer's Signature: COURTNEY STENSON Date: 10-09-2017