



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

<b>1. Name and complete postal mailing address of sponsor:</b>  SEIU 775 QUALITY CARE COMMITTEE 215 COLUMBIA ST SEATTLE, WA 98104	E-mail
	HOLLYELLIOTT@SEIU77
	Telephone 206-538-5735

**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)
07/16/21	07/16/21	FUSE VOTES PO BOX 4897 SEATTLE, WA 98194	DIGITAL AD	12,500.00

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

<b>Amount or Value</b>		Total this report	\$ 12,500.00
*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.	\$ 12,500.00

**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
GONZALEZ, M LORENA	MAYOR/CITY OF SEATTLE	NON PARTISAN	<input checked="" type="checkbox"/> <input type="checkbox"/>	\$ 10,000.00	\$ 10,000.00
TAYLOR-SWAN, MONIQUE	HOSPITAL COMMISSIONER/KING CO HOSP DIST 1 VALLEY	NON PARTISAN	<input checked="" type="checkbox"/> <input type="checkbox"/>	\$ 1,250.00	\$ 1,250.00
Dustin T Lambro,	HOSPITAL COMMISSIONER/KING CO HOSP DIST 1 VALLEY	NON PARTISAN	<input checked="" type="checkbox"/> <input type="checkbox"/>	\$ 1,250.00	\$ 1,250.00
			<input type="checkbox"/> <input type="checkbox"/>	\$	\$

**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
			\$
		Occupation	
			\$
		Occupation	
			\$
		Occupation	
			\$
		Occupation	
			\$
		Occupation	
		Sub-Total	\$ 0.00
	Continued on attached sheet <input type="checkbox"/>	Amount from attached pages	\$ 0.00
<b>TOTAL FUNDS RECEIVED</b>			<b>\$ 0.00</b>

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 <b>ADAM GLICKMAN</b>
	Street address <b>215 COLUMBIA ST</b>	
	City/State/Zip <b>SEATTLE WA 98104</b>	
	Date Signed <b>07/16/21</b>	Place Signed (city and county) <b>SEATTLE WASHINGTON</b>
	*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."	