PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

Form **C6** 1/12

10823

7/16/2021

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:

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
			Total this report	$ 12,500.00
			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

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.

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

Candidate/Proposition	Office/District/ Proposition No.	Party	Check Support	Check 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	☒	☐	$ 10,000.00	$ 10,000.00
TAYLOR-SWAN, MONIQUE	HOSPITAL COMMISSIONER/KING CO HOSP DIST 1 VALLEY	NON PARTISAN	☒	☐	$ 1,250.00	$ 1,250.00
Dustin T Lambro,	HOSPITAL COMMISSIONER/KING CO HOSP DIST 1 VALLEY	NON PARTISAN	☒	☐	$ 1,250.00	$ 1,250.00
			☐	☐	$	$

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
		Occupation	$
		Occupation	$
		Occupation	$
		Occupation	$
		Occupation	$
		Occupation	$
		Sub-Total	$ 0.00
	Continued on attached sheet ☐	Amount from attached pages	$ 0.00
		TOTAL FUNDS RECEIVED	$ 0.00

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
	ADAM GLICKMAN
Street address: 215 COLUMBIA ST	
City/State/Zip: SEATTLE	WA 98104
Date Signed: 07/16/21	Place Signed (city and county): SEATTLE WASHINGTON

*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."