

Form **C6**

7/16/2018

8315

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 X ELECTIONEERING COMMUNICATIONS, Except Contributions (Appearing within 60 days of an election) — \$1,000 or more E-mail 1. Name and complete postal mailing address of sponsor: WAFORWARD18@GMAIL.C WA FORWARD PO BOX 1283 Telephone 98371 PUYALLUP, WA 253-988-2455 2. Itemize expenditures of more than \$100 associated with the independent expenditure or electioneering communication. **Date First** Presented/ Name and Address of **Description of Expenditure Amount or Value Date Made** Mailed (e.g., direct mail or newspaper, TV or radio ad) Vendor or Recipient (*See Below) 07/09/18 07/13/18 DMM MEDIA DIRECT MAIL 5,946.89 1911 N FORT MYER DR STE 400 ARLINGTON, VA 22209 07/13/18 07/09/18 DMM MEDIA DIRECT MAIL 4,459.77 1911 N FORT MYER DR STE 400 ARLINGTON, VA 22209 07/09/18 07/13/18 DMM MEDIA DIRECT MAIL 4,054.44 1911 N FORT MYER DR STE 400 ARLINGTON, VA 22209 Expenditures \$100 or less not itemized above \$ 0.00 \$ Total this report 14,461.10 Total independent expenditures and **Amount or Value** electioneering communications made *If no reasonable estimate can be made of value, describe activity, services, during this election campaign. Include property or right furnished precisely and attach copy of item produced or amounts shown in this report and distributed. previously submitted C-6 reports. \$ 177,134.95 3. List of candidate(s) or ballot proposition(s) identified in the advertising. Show portion of current Show total C-6 expenses expense attributable to related to each candidate/ Office/District/ each candidate or proposition during election Check proposition campaign Candidate/Proposition Proposition No. Party Support or Oppose RANDALL, EMILY STATE SENATOR/LEG DEMOCRAT x \$ \$ 5,946.89 82,851.25 DISTRICT 26 - SENATE WILSON, CLAIRE STATE SENATOR/LEG DEMOCRAT $\overline{\mathbf{v}}$ \$ \$ 4,459.77 52,583.37 DISTRICT 30 - SENATE HOBBS, STEVEN STATE SENATOR/LEG DEMOCRAT \mathbf{x} \$ 4,054.44 28,338.55 DISTRICT 44 - SENATE П \$ \$

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
06/28/18	THE LEADERSHIP COUNCIL PO BOX 12085 OLYMPIA, WA 98508		\$	14,461.10
		Occupation		
			\$	
		Occupation		
			\$	
		Occupation		
			\$	
		Occupation		
			\$	
		Occupation		
			•	
		Occupation	\$	
		Sub-Total	\$	14,461.10
	Continued on attached sheet □	Amount from attached pages	•	0.00
TOTAL FUNDS RECEIVED				14,461.10

Sponsor of Inc	lependent 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	Signature	Printed Name TOM PERRY	
made in cooperation, consultation, or concert with, or at the request or	Street address 3718 19TH AVENUE CT SE		
suggestion of, a candidate, a candidate's authorized committee, or an agent of a candidate nor does it otherwise constitute a	City/State/Zip PUYALLUP		WA 98372
contribution under RCW 42.17A.005. I	Date Signed Place Signed (city and county)		county)
further certify that the above information is	07/16/18	PUYALLUP	PIERCE
true, complete, and correct to the best of my knowledge.	*RCW 9A.72.040 provides that "(1) A person i statement, which he knows to be false, under		

False swearing is a misdemeanor."