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

8337

7/20/2018

**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:**

SEVEN GENERATIONS PAC
PO BOX 12919
SEATTLE, WA 98111

E-mail: PHIL@SEATTLECFO.COM
Telephone: 2063825552

**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) |
|---|---|---|---|---|
| 07/20/18 | 07/19/18 | HOPKINS + SACHS<br>600 N 36TH STREET #428<br>SEATTLE, WA 98103 | MAILING | 7,560.00 |

Expenditures $100 or less not itemized above: $ 0.00

Total this report: $ 7,560.00

**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.

Total independent expenditures and electioneering communications made during this election campaign. Include amounts shown in this report and previously submitted C-6 reports.: $ 15,117.00

**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 |
|---|---|---|---|---|---|---|
| LEKANOFF, DEBRA | STATE REPRESENTATIVE/LEG DISTRICT 40 - HOUSE | DEMOCRAT | ☒ | ☐ | $ 7,560.00 | $ 15,117.00 |
| | | | ☐ | ☐ | $ | $ |
| | | | ☐ | ☐ | $ | $ |
| | | | ☐ | ☐ | $ | $ |

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 | $ |
| | Continued on attached sheet ☐ | Sub-Total | $ 0.00 |
| | | 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: PHILIP LLOYD |
| Street address: 603 STEWART STREET SUITE 819 | |
| City/State/Zip: SEATTLE WA 98101 | |
| Date Signed: 07/20/18 | Place Signed (city and county): SEATTLE KING |

*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."