

Political Committee Registration

C1PC
(6/01)
DATE FILED PDC
FEB 21 2007

Committee Name (Show entire official name.)
Planned Parenthood Votes! Washington PAC

Acronym:
 Telephone: **(206) 382-5552**

Mailing Address
PO Box 21372

Fax: **(206) 381-8597**

City: **Seattle** County: **WA** Zip + 4: **98111-2372**

E-mail:

NEW OR AMENDED REGISTRATION?
 NEW. Complete entire form.
 AMENDS previous report. Complete entire form.

COMMITTEE STATUS
 Continuing (On-going; not established in anticipation of any particular campaign election.)
 election year only. Date of general or special election: November 2
 (Year)

1. What is the purpose or description of the committee?
 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 or specify here the names of the candidates you support _____
 Ballot Committee - Initiative, Bond, Levy, Recall, etc. Name or description of ballot measure: _____ Ballot Number **FOR** **AGAINST**
 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? Yes 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? Yes No If yes, identify the party: _____

2. Related or affiliated committees. List name, address and relationship. 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.
 MINI REPORTING
 Mini Reporting is selected. No more than \$3,500 will be raised or spent and no more than \$300 in the aggregate will be accepted from any one contributor.
 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
Julie Anderson PO Box 21372 Seattle, WA 98111-3372

Telephone Number:
(206) 938-8085

5. Treasurer's Name and Address (List deputy treasurers on attached sheet.) Continued on attached sheet
Philip Lloyd
603 Stewart Street #819 Seattle, WA 98101

Daytime Telephone Number:
(206) 382-5552

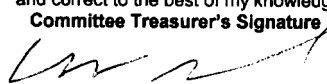
6. Committee Officers. List name, title, and address. Continue on attached sheet if necessary. See reverse for definition of "officer." Continued on attached sheet

7. Campaign Bank or Depository
Bank of America Branch: **4th and Madison** City: **Seattle**

8. Campaign books must be open to the public, except on a weekend or legal holiday, during the eight days before the election: (a) on the eighth day for two consecutive hours between 8 a.m. and 8 p.m.; if the eighth day is a legal holiday - two consecutive hours on the seventh day between 8 a.m. and 8 p.m.; and (b) on the other weekdays by appointment between 8 a.m. and 8 p.m. Specify location and hours below. It is not acceptable to provide a post office box or an out-of-area address.
 Street Address, Room Number, City: **603 Stewart Street #819 Seattle, WA 98101** Hours [Two consecutive hours; see 8(a)]: **10:00 AM - Noon**

In order to make an appointment, contact the campaign at (telephone, fax, e-mail): **(206) 255-3367**

9. Eligibility to Give to State Office Candidates: During the 180 days prior to making a contribution to a state office candidate, your committee must have received contributions of \$10 or more from at least ten persons registered to vote in Washington State.
 A check here indicates your awareness of and pledge to comply with this provision. Absence of a check mark means your committee does not qualify to give to state office candidates (legislative and statewide executive candidates).

10. Signature and Certification. I certify that this statement is true, complete and correct to the best of my knowledge.
 Committee Treasurer's Signature:  Date: **2-21-07**

Need campaign finance forms and instructions?
 Please check one of the following boxes.
 I already have forms and instructions. I want the Public Disclosure Commission to mail me the proper forms and instructions.
 I will get forms and instructions from my county elections office.

Distribution of This Report:
 ORIGINAL - Public Disclosure Commission
 COPY - County Elections Office (Auditor)
 COPY - Your own records

SEE INSTRUCTIONS ON REVERSE