

OLYMPIA WA 98504-0908

## **Political Committee** Registration

C1PC DATE FILED PDC
APR 15 2009

| Toll Free 1-877-601-2828   |                   |                      |              |                                   |                           |                           |  |
|--|-------------------|----------------------|--------------|-----------------------------------|---------------------------|---------------------------|--|
| Constitution (Change of Signature of Signatu |                   |                      |              |                                   |                           |                           |  |
| Committee Name (Show entire official name.)  Advance Washington  |                   |                      |              |                                   | Acronym:                  |                           |  |
| Advance washington   |                   |                      |              | Telephone: (3                     | Telephone: (360) 705-3058 |                           |  |
| Mailing Address  |                   |                      |              |                                   |                           |                           |  |
| PO Box 4273  | Fax:              | 360) 754-263         | 0            |                                   |                           |                           |  |
| City   | Zip + 4           | ı                    |              |                                   |                           |                           |  |
| Olympia  | rston             | 98501                | E-mail: C    | E-mail: cdb@advancewashington.com |                           |                           |  |
| NEW OR AMENDED REGISTRATION?    NEW. Complete entire form.   X   Continuing (On-going; not established in anticipation of any particular campaign election.)   X   AMENDS previous report. Complete entire form.   |                   |                      |              |                                   |                           |                           |  |
| 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   |                   |                      |              |                                   |                           |                           |  |
| of the names of the candidates you support   |                   |                      |              |                                   |                           |                           |  |
| ☐ Ballot Committee - Initiative, Bond, Levy, Recall, etc. Name or description of ballot measure:   |                   |                      |              |                                   | Ballot Numb               | er FOR AGAINST            |  |
| X 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?  |                   |                      |              |                                   |                           |                           |  |
| Related or affiliated committees. List name, address and relationship.   |                   |                      |              |                                   |                           |                           |  |
|  |                   |                      |              |                                   | ☐ Cont                    | tinued 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 X FULL REPORTING  |                   |                      |              |                                   |                           |                           |  |
| Mini Reporting is selected. No more than \$5,000 will be raised or spent <u>and</u> no more than \$500 in the aggregate will be accepted from any one contributor.  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  Telephone Number:   |                   |                      |              |                                   |                           |                           |  |
| Dick Davis, PMB #233, Bainbridge Island, WA 98110  |                   |                      |              |                                   |                           | (206) 619-3089            |  |
| 5. Treasurer's Name and Address. Does treasurer perform only ministerial functions? Yes X No See WAC 390-05-243 Daytime Telephone Number:  |                   |                      |              |                                   |                           |                           |  |
| and next page for details. List deputy treasurers on attached sheet.   |                   |                      |              |                                   | (360) 705-30              | 158                       |  |
| Stephen Daniels-Brown, 2510 RW Johnson Blvd. SW, Suite 103, Tumwater, WA 98512   |                   |                      |              |                                   |                           |                           |  |
| 6. Persons who perform only ministerial functions on behalf of this committee and on behalf of candidates or other political committees. List name, title, and address of  |                   |                      |              |                                   |                           |                           |  |
| these persons. See WAC 390-05-243 and next page for details.   |                   |                      |              |                                   |                           |                           |  |
|  |                   |                      |              |                                   |                           |                           |  |
| 7. Committee Officers and other persons who authorize expenditures or make decisions for committee. List name, title, and address. See next page for definition of "officer."  |                   |                      |              |                                   |                           |                           |  |
|  | Dan Brun          | all disastas         |              |                                   | ☐ Continue                | d on attached sheet.      |  |
| Steve Mullin - director<br>520 Pike Street, Suite 1212   | PO Box 6          | ell - director       |              |                                   |                           |                           |  |
| Seattle, WA 98101  |                   | WA 98507             |              |                                   |                           |                           |  |
| 8. Campaign Bank or Depository   |                   |                      | Branch       |                                   | City                      |                           |  |
| Bank of America  | annointment hat   | woon P a m and 9 a   | Lacey        | at days before the election       | Lacey                     | o Cundovo and local       |  |
| 9. Campaign books must be open to the public by appointment between 8 a.m. and 8 p.m. during the eight days before the election, except Saturdays, Sundays, and legal holidays. In the space below, provide contact information for scheduling an appointment and the address where the inspection will take place. It is not acceptable to provide a post office box or an out-of-area address.   |                   |                      |              |                                   |                           |                           |  |
| Street Address, Room Number, City where campaign books will be available for inspection  |                   |                      |              |                                   |                           |                           |  |
| 2510 RW Johnson Blvd. SW, Suite 103, Tumwater, WA In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (360) 705-3058  |                   |                      |              |                                   |                           |                           |  |
| 10. Eligibility to Give to State Office Candidates:  | During the 180 of | days prior to making | a 11. Signat | ure and Certification. I          |                           | ement is true, complete   |  |
| contribution to a state office candidate, your committee must have received and correct to the contributions of  |                   |                      |              |                                   | -                         |                           |  |
| Committee  |                   |                      |              |                                   | ature                     | Date                      |  |
| 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  |                   |                      |              |                                   |                           |                           |  |
|  |                   |                      |              |                                   |                           |                           |  |