



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

Political Committee Registration

C1PC
(6/01)

DATE FILED IN

SEP 24 2010

Committee Name (Show entire official name.) Care PAC			Acronym:
Mailing Address PO Box 2154			Telephone: (206) 382-5552
City Seattle	County King	Zip + 4 98111	Fax: (206)381-8597
E-mail:			

NEW OR AMENDED REGISTRATION? <input checked="" type="checkbox"/> NEW. Complete entire form. <input type="checkbox"/> AMENDS previous report. Complete entire form.	COMMITTEE STATUS <input type="checkbox"/> Continuing (On-going; not established in anticipation of any particular campaign election.) <input checked="" type="checkbox"/> 2010 election year only. Date of general or special election: <u>11/2</u> (Year)
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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: **Moxie Media**

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 Lisa MacLean PO Box 30084 Seattle, WA 98113	Telephone Number: 206-322-6009
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5. Treasurer's Name and Address (List deputy treasurers on attached sheet.) Philip Lloyd 603 Stewart Street #819 Seattle, WA 98101	<input type="checkbox"/> Continued on attached sheet	Daytime Telephone Number: (206) 382-5552
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6. Committee Officers. List name, title, and address. Continue on attached sheet if necessary. See reverse for definition of "officer." Henry Underhill Co-Chair PO Box 30084 Seattle, WA 98113 Lisa MacLean Co-Chair PO Box 30084 Seattle, WA 98113	<input type="checkbox"/> Continued on attached sheet
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7. Campaign Bank or Depository Bank of America	Branch Seattle Business Banking	City Seattle
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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 **Hours [Two consecutive hours, see 8(a)]**

603 Stewart Street #819 Seattle **10:00 - 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. <input checked="" type="checkbox"/> 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 9-24-10
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Need campaign finance forms and instructions? Please check one of the following boxes. <input checked="" type="checkbox"/> I already have forms and instructions. <input type="checkbox"/> I will get forms and instructions from my county elections office.	<input type="checkbox"/> I want the Public Disclosure Commission to mail me the proper forms and instructions	Distribution of This Report: ORIGINAL - Public Disclosure Commission COPY - County Elections Office (Auditor) COPY - Your own records
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Care PAC
Attachment to Form C-1
Candidates Supported/Opposed

Candidates Supported:

Chris Marr, State Senate LD 6, Democrat

Candidates Opposed:

Michael Baumgartner, State Senate LD 6, Republican