

 <b>PUBLIC DISCLOSURE COMMISSION</b> 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828		<b>Political Committee Registration</b>		<b>C1<sub>PC</sub></b> (1/2008)		100406590 AMENDS 1001278217 04-01-2011	
Committee Name (Show entire official name.) 32ND LD DEMOCRATIC ORGANIZATION - OPERATIONS ACCOUNT				Acronym:			
Mailing Address PO BOX 65258				Telephone: 425-775-0600			
City SHORELINE		County KING		Zip + 4 98155		Fax:	
NEW OR AMENDED REGISTRATION? <input type="checkbox"/> NEW. Complete entire form. <input checked="" type="checkbox"/> AMENDS previous report. Complete entire form.		COMMITTEE STATUS <input checked="" type="checkbox"/> Continuing (On-going; not established in anticipation of any particular campaign election.) <input type="checkbox"/> _____ election year only. Date of general or special election: _____ (Year)					
1. What is the purpose or description of the committee? <input checked="" type="checkbox"/> <b>Bona Fide Political Party Committee</b> - 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.							
<input type="checkbox"/> <b>Ballot Committee</b> - Initiative, Bond, Levy, Recall, etc. Name or description of ballot measure:						Ballot Number    FOR    AGAINST <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <b>Other Political Committee</b> - PAC, caucus committee, political club, etc. If committee is related or affiliated with a business, association, union or similar entity, specify name:							
<b>For single election-year only committees (not continuing committees):</b> Is the committee supporting or opposing (a) one or more candidates? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the party:							
2. Related or affiliated committees. List name, address and relationship. <span style="float: right;"><input type="checkbox"/> Continued on attached sheet.</span>							
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.) <b>If no box is checked you are obligated to use Full Reporting. See instruction manuals for information about reports required and changing reporting options.</b> <input type="checkbox"/> <b>MINI REPORTING</b> 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.							
<input checked="" type="checkbox"/> <b>FULL REPORTING</b> Full Reporting is selected. The frequent, detailed campaign reports mandated by law will be filed as required.						Telephone Number: 425-775-0600	
4. Campaign Manager's or Media Contact's Name and Address CARIN CHASE PO BOX 65258, SHORELINE WA 98155							
5. Treasurer's Name and Address. Does treasurer perform <u>only</u> ministerial functions? Yes ___ No <u>X</u> . See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. <input type="checkbox"/> Continued on attached sheet.						Daytime Telephone Number: 253-740-6569	
6. Persons who perform only ministerial functions on behalf of this committee <u>and</u> 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. <input type="checkbox"/> Continued on attached sheet.							
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." <input type="checkbox"/> Continued on attached sheet.							
8. Campaign Bank or Depository BANK OF AMERICA				Branch SHORELINE		City SHORELINE	
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. <b>Street Address, Room Number, City where campaign books will be available for inspection</b> 345 NE 175TH ST, SHORELINE In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (425) 775-8449 (425) 775-0600							
10. <b>Eligibility to Give to State Office Candidates:</b> 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).				11. <b>Signature and Certification.</b> I certify that this statement is true, complete and correct to the best of my knowledge.  <div style="display: flex; justify-content: space-between;"> <div> <b>Committee Treasurer's Signature</b>            WENDY DIPESO         </div> <div> <b>Date</b>            04-01-2011         </div> </div>			