



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 PAID PDC

APR 29 2011

Committee Name (Show entire official name.) Protect Washington			Acronym:
Mailing Address PO Box 2375			Telephone: (206) 382-5552
City Seattle	County King	Zip + 4 98111-2282	Fax: (206) 381-8597
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?

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	Telephone Number:
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5. Treasurer's Name and Address (List deputy treasurers on attached sheet.) <input type="checkbox"/> Continued on attached sheet	Daytime Telephone Number:
Philip Lloyd 603 Stewart Street #819 Seattle, WA 98101	(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

Michael Temple, Chair PO Box 2375 Seattle, WA 98111
Philip Lloyd, Secretary/Treasurer PO Box 2375 Seattle, WA 98111

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 **603 Stewart Street #819 Seattle** Hours [Two consecutive hours; see 8(a)] **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 4-29-11
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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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