

Political Committee Registration

C1_{PC}
(6/01)

DATE FILED PDC

APR 29 2011

Committee Name (Show entire official name.)

Protect Washington

Acronym:

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

Mailing Address

PO Box 2375

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

City

Seattle

County

King

Zip + 4

98111-2282

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: _____
(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:

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

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

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.

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

- ☒ 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).

Need campaign finance forms and instructions?

Please check one of the following boxes.

- ☒ I already have forms and instructions.
☐ I will get forms and instructions from my county elections office.

- ☐ 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