## PUBLIC \_\_DISCLOSURE COMMISSION

## **Political Committee** 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 Registration

C1PC DATE FILED PDC

(360) 753-1111 Toll Free 1-877-601-2828	Registration		(1/12)	MAY 24 2012
Committee Name (Include sponsor in committee name. See next page for definition of "sponsor." Show entire official name. Do not use abbreviations or acronyms in this box.)			Acronym:	
Scott White Memorial PAC			Telephone: (206) 382-5552	
Mailing Address 603 Stewart Street #819			Fax: (206)	) 381-8597
City	County	Zip + 4		
Seattle	King	98101	E-mail:	
EW OR AMENDED REGISTRATION?  COMMITTEE STATUS  NEW. Complete entire form.  Committee Status  Continuing (On-going; not established in anticipation of any particular campaign election.)  AMENDS previous report. Complete entire form.  □ election year only. Date of general or special election:				
What is the purpose or description of the committee'	(Year)			
☐ Bona Fide Political Party Committee - official star of the names of the candidates you support.		lative district committee. If yo	ou are not supporting	the entire party ticket, attach a list
☐ Ballot Committee - Initiative, Bond, Levy, Recall, etc. Name or description of ballot measure:				Ballot Number FOR AGAINST
	tee, political club, etc. If committee is	related or affiliated with a bus	siness, association, u	union or similar entity, specify
For single election-year only committees (not continue) one or more candidates? Yes No If	nuing committees): Is the committee yes, attach a list of each candidate's		cal party affiliation.	
(b) the entire ticket of a political party?	☐ No If yes, identify the party:			
2. Related or affiliated committees. List name, address	and relationship.			Continued on attached sheet.
How much do you plan to spend during this entire elebelow. (If your committee status is continuing, estim     If no box is checked you are obligated to use F     MINI REPORTING	ate spending on a calendar year basis Full Reporting. See instruction man	s.)  uals for information about ro  FULL REPOR	eports required and	choose one of the reporting options
Mini Reporting is selected. No more than \$500 in the aggregate will be accepted		r un responding	is selected. The fre aw will be filed as re	quent, detailed campaign reports quired.
4. Campaign Manager's or Media Contact's Name and	Address		Tele	ephone Number: )
Treasurer's Name and Address. Does treasurer performance for details. List deputy treasurers on attact.		No See WAC 390-0 Continued on atta	eched sheet.	time Telephone Number:
Philip Lloyd 60	03 Stewart Street #819 Se	attle, WA 98101	(20	06 ) 382-5552
Persons who perform only ministerial functions on be See WAC 390-05-243 and next page for details.	half of this committee <u>and</u> on behalf o	f candidates or other political		me, title, and address of these persons.    Continued on attached sheet.
7. Committee Officers and other persons who authorize	expenditures or make decisions for c	ommittee. List name, title, an	_	
Alison Carl White, Chair Philip Lloyd, Secretary/Treasurer	603 Stewart Street #819 3	*	Ц	Continued on atlached sheet.
8. Campaign Bank or Depository Bank of America		Branch Business Banki	Ci	ty Seattle
<ol> <li>Campaign books must be open to the public by appoin the space below, provide contact information for so box or an out-of-area address.</li> </ol>		iring the eight days before the	election, except Sa	turdays, Sundays, and legal holidays.
Street Address, Room Number, City	where campaign books will be avail	able for inspection		
603 Stewart Street #819 Seattle				
In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (206 )382-5552				
<ol> <li>Eligibility to Give to Political Committees and must receive \$10 or more each from ten Was contributing to a Washington State political comm</li> </ol>	shington State registered voters befittee. Additionally, during the six mon	fore and correct to the best of the best o	of my knowledge.	that this statement is true, complete
prior to making a contribution to a state office received contributions of \$10 or more each from voters.			surer's Signature	Date
A check here indicates your awareness of and p Absence of a check mark means your committee State political committees and/or state office candid	does not qualify to give to Washing			5-27-12