

☑ I already have forms and instructions.
 ☑ I will get forms and instructions from my county elections office.

Political Committee Registration

C₁PC

DATE FILED PDC

OCT 10 2012

COPY - County Elections Office (Auditor)

COPY - Your own records

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|---|---|---|-----------------------|----------------|--|-------------|----------|
| Committee Name (Show entire official name.) | | | | · | | ···· | |
| Progressive Leadership PAC | | | Acronym: | | | | |
| | · | | Telephone: | (206) 3 | 82-5552 | | |
| Mailing Address 603 Stewart Street #819 | | | | | | | |
| | | | Fax: | (206)381-8597 | | | |
| City Coun | • | Zip + 4 | | | | | |
| | King | 98101 | E-mail: | | | | |
| NEW OR AMENDED REGISTRATION? 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 el | | | | · <i>)</i> | |
| 1. What is the purpose or description of the committee? | | | | | | | |
| ☐ Bona Fide Political Party Committee - official state or cour or specify here the names of the candidates you support | nty central committee or legis | lative district committe | ee. If you are not su | pporting th | e entire party ticl | ket, attach | n a list |
| ☐ Ballot Committee - Initiative, Bond, Levy, Recall, etc. Nam | e or description of ballot mea | sure: | | В | Ballot Number | FOR | AGAINST |
| | cal club, etc. If committee is | related or affiliated wit | th a business, asso | ciation, unic | on or similar entil | ty, specify | , |
| For single election-year only committees (not continuing cord) one or more candidates? Yes No If yes, attacked to the continuing cord of the | mmittees): Is the committee ch a list of each candidate's | | | iliation. | | | |
| (b) the entire ticket of a political party? | If yes, identify the party: | | | | | | |
| 2. Related or affiliated committees. List name, address and rela | tionship. | | | | ☐ Continue | | |
| 3. How much do you plan to spend during this entire election car below. (If your committee status is continuing, estimate sp If no box is checked you are obligated to use Full Repo MINI REPORTING Mini Reporting is selected. No more than \$3,500 will than \$300 in the aggregate will be accepted from any | ending on a calendar year barting. See instruction manual be raised or spent and no m | asis.) uals for information a FULL Fore Full Re | | ired and cl | hanging reporti ent, detailed cam | ing option | is. |
| Campaign Manager's or Media Contact's Name and Address | | | | Teleph | one Number: | | |
| Aaron Ostrom 1402 Third Ave #510 Seattle, WA 98101 | | | | (206) 498-2620 | | | |
| Treasurer's Name and Address (List deputy treasurers on attached sheet.) | | | on attached sheet | | | | |
| Philip Lloyd | | (206) 382-5552 | | | | | |
| 603 Stewart Street #819 Seattle, WA 98101 6. Committee Officers. List name, title, and address. Continue on attached sheet if necessary. See reverse for d | | | Enition of Hoffing T | (200 | • | | |
| Chris McCullough , Chair 603 Stewart S Rick LeBoeuf, Secretary PO Box 887 Ce | t #819 Seattle, WA | | finition of officer. | | Continue | d on atlach | ed sheet |
| 7. Campaign Bank or Depository | | Branch | an Dankin | City | 0 41 - | | |
| Bank of America 8 Campaign books must be open to the public, except on a wee between 8 a.m. and 8 p.m.; if the eighth day is a legal holiday | kend or legal holiday, during – two consecutive hours on t | Seattle Busine the eight days before the seventh day between | the election: (a) on | the eighth | Seattle day for two conson the other wee | secutive h | nours |
| appointment between 8 a.m. and 8 p.m. Specify location and | hours below. It is not accept | able to provide a post | office box or an out | t-of-area ad | ldress. | | |
| Street Address, Room Number, City | | | Hours [| Two consec | cutive hours; see | e 8(a)] | |
| 603 Stewart Street #819 Seattle | | | 10:00 |) - Noor | 1 | | |
| In order to make an appointment, contact the campaign at | (telephone, fax, e-mail): (20 | 06) 255-3367 | | | | | |
| 9. Eligibility to Give to State Office Candidates: During the 18 contribution to a state office candidate, your committee must h \$10 or more from at least ten persons registered to vote in Wa | f and correct | 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 Absence of a check mark means your committee does need and dates (legislative and statewide executive candidates). | ot qualify to give to state offi | се | $-\epsilon$ | | 10 | -10- | 11 |
| Need campaign finance forms and instructions? Please check one of the following boxes. | | | | | on of This Repor | | nmission |

I want the Public Disclosure Commission to

mail me the proper forms and instructions.