


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 (1/12)		JAN 28 2014	
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.) HealthPAC				Acronym:		Telephone: (206) 343-6612	
Mailing Address Attn: Anne E. Bryant / Physicians Insurance PO Box 91220				Fax: (206) 343-7100		E-mail: Anne@phyins.com	
City Seattle		County WA		Zip + 4 King 98111		E-mail: Anne@phyins.com	
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 type="checkbox"/> 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 of the names of the candidates you support. <input type="checkbox"/> Ballot Committee - Initiative, Bond, Levy, Recall, etc. Name or description of ballot measure: _____ Ballot Number _____ FOR <input type="checkbox"/> AGAINST <input type="checkbox"/> <input checked="" type="checkbox"/> 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? <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. <input type="checkbox"/> 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. <input type="checkbox"/> MINI REPORTING Mini Reporting is selected. No more than \$5,000 will be raised or spent and no more than \$500 in the aggregate will be accepted from any one contributor.							
<input checked="" type="checkbox"/> 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 N/A				Telephone Number: ()			
5. Treasurer's Name and Address. Does treasurer perform <u>only</u> ministerial functions? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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: 206. 200. 6055 (206) 343-6612			
6. Persons who perform <u>only</u> 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. Anne E Bryant, officer, Physicians Insurance, PO Box 91220, Seattle, WA 98111 Carl Nelson, officer, WSMA, 1800 Cooper Point Road SW, Bldg 7, St A, Olympia, WA 98502							
8. Campaign Bank or Depository Bank of America				Branch		City	
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. Street Address, Room Number, City where campaign books will be available for inspection same as above In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (206) 200-6055 / 206-343-6612							
10. Eligibility to Give to Political Committees and State Office Candidates: A committee must receive \$10 or more each from ten Washington State registered voters before contributing to a Washington State political committee. Additionally, during the six months prior to making a contribution to a state office candidate your committee must have received contributions of \$10 or more each from at least ten Washington State registered voters. <input checked="" type="checkbox"/> A check here indicates your awareness of and pledge to comply with these provisions. Absence of a check mark means your committee does not qualify to give to Washington State political committees and/or state office candidates.				11. Signature and Certification. I certify that this statement is true, complete and correct to the best of my knowledge. Committee Treasurer's Signature [Signature] Date 1/28/2014			