

## Political Committee Registration

**C1**PC

100677772 AMENDS \$20\$392527

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.)  21ST LEGISLATIVE DISTRICT DEMOCRATS ORGANIZATION FUND				Acronym:	
ZISI LEGISLATIVE DISTRICT DEMO	JCKAIS OF	(GANIZATION	FOND	Telephone: 42	25-357-5830
Mailing Address					
17910 LARCH WAY APT.				Fax:	
City	County		Zip + 4		
LYNNWOOD	SNOHOMI	SH	98037	E-mail: XSIJ	M1231@GMAIL.COM
NEW OR AMENDED REGISTRATION?		MMITTEE STATUS	<u> </u>		
□ NEW. Complete entire form.		Continuing (On-goir	ng; not established	in anticipation of any par	ticular campaign election.)
AMENDS previous report. Complete entire form.		(Year) election	year only. Date of	general or special election	on:
1. What is the purpose or description of the committee?		(Tear)			
☐ Bona Fide Political Party Committee - official state of the names of the candidates you support.	e or county cent	ral committee or legi	slative district com	mittee. If you are not su	pporting the entire party ticket, attach a list
☐ 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.					
· · · ·		s, identify the party:			
2. Related or affiliated committees. List name, address					Continued on attached sheet.
3. How much do you plan to spend during this entire election below. (If your committee status is continuing, estimated)				tions? Based on that es	timate, 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.					
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☑ 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.

## Attachment to C1PC – Political Committee Registration

Name 21ST LEGISLATIVE DISTRICT DEMOCRATS ORGANIZATION FUND

2. Related or affiliated committees					
E. Daniti Transius Name and Addi					
5. Deputy Treasurers Name and Addr	ess.				
O Decree has a face of a second selection	California - Name Tille - al	Address			
6. Persons who perform only ministeri	al functions, Name, Title and	Address.			
- 0 W 0 W TW					
7. Committee Officers, List Name, Titl	e and Address.				
WILLARD WILCOX	TREASURER	PO BOX 252, EDMONDS WA 98020			
MARKO LIIAS	STATE COMMITTEEMAN	PO BOX 821, MUKILTEO WA 98275			
MICHELLE MEEKEER PIN	STATE COMMITTEEWOMAN	4893 76TH ST SW UNIT E702, MUKILTEO WA			
ADAM KHAN	COUNTY COMMITTEEMAN	., EDMONDS WA 98020			
JENNIFER GREGERSON		5400 HARBOUR POINTE BVD J101, MUKILTEC			
BEN KARPELMAN		115-124TH ST. J-8, EVERETT WA 98208			
LINDA WOODING		944 4TH STREET MUKILTEO, MUKILTEO WA			
WILSON CHARLES	CHAIR	1701 121ST ST SE #A301, MUKILTEO WA			
WIDSON CHIRCHES		1701 12101 01 01 milour, monthlillo wit			