

State political committees and/or state office candidates.

## Political Committee Registration

**C1**<sub>PC</sub>

100840107 AMENDS A00831385

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Committee Name (Include sponsor in committee nam official name. Do not use abbreviations or acronyms i		Acronym:					
				Telephone: 206-455-2722			
Mailing Address							
			Fax:				
PO BOX 21091 City County		Zip + 4					
•	,	·					
SEATTLE	KING	98 MITTEE STATUS	<b>111</b> E-mail	PHIL@S	<u>EATTLECFO</u>	.COM	
NEW OR AMENDED REGISTRATION?  NEW. Complete entire form.  AMENDS previous report. Complete entire form	□ C <b>⊠</b> <u>2</u>	ontinuing (On-going; n	ot established in anticipation of only. Date of general or speci				
1. What is the purpose or description of the committee	?						
☐ Bona Fide Political Party Committee - official state of the names of the candidates you support.	ate or county central	committee or legislati	ve district committee. If you are	e not supporti	ng the entire part	y ticket, at	tach a list
Ballot Committee - Initiative, Bond, Levy, Recall, REFERENDUM TO REPEAL SEATT	e:		Ballot Number	FOR	AGAINST		
Other Political Committee - PAC, caucus comminame:	ttee, political club, e	etc. If committee is rela	ated or affiliated with a busines	s, association	, union or similar	entity, spe	cify
	If yes, attach a list o	f each candidate's nar	apporting or opposing ne, office sought and political p	earty affiliation			
(b) the entire ticket of a political party?		dentify the party:					
Related or affiliated committees. List name, addres	s and relationship.				_		
How much do you plan to spend during this entire e	laction compaign in	actuding the primary or	nd ganaral alactions? Based or	a that actimate	Continu		
below. (If your committee status is continuing, estir			id gerieral elections? Based of	i inai esiinai	e, choose one or t	пе геропп	ig options
If no box is checked you are obligated to use	Full Reporting. Sec	e instruction manual	s for information about repor	ts required a	nd changing rep	orting op	tions.
MINI REPORTING			X FULL REPORTING				
Mini Reporting is selected. No more than \$ than \$500 in the aggregate will be accepte			Full Reporting is sele mandated by law will			ampaign re	eports
Campaign Manager's or Media Contact's Name and Address				Telephone Number:			
5. Treasurer's Name and Address. Does treasurer perform only ministerial functions? Yes No _X See WAC next page for details. List deputy treasurers on attached sheet.  PHILIP LLOYD  603 STEWART STREET SUITE 819, SEATTLE WA 98111				ahaa4	Daytime Telephone Number: 206-382-5552		
Persons who perform only ministerial functions on because See WAC 390-05-243 and next page for the second sec	ehalf of this commit	tee <u>and</u> on behalf of c	andidates or other political com	mittees. List r	name, title, and ac		
7. Committee Officers and other persons who authorize	e expenditures or m	nake decisions for com	mittee. List name, title, and ad	ldress. See n	ext page for defin		
JAMES M. MAIOCCO, CHAIR, 3646 SAUL SPADY, SECRETARY, 165 1	7TH AVE, SE	EATTLE WA 98	122	_	Continued or	i attacried s	neet.
PHILIP LLOYD, TREASURER, 603	STEWART ST	SUITE SIY,	SEATTLE WA 9810	Τ			
8. Campaign Bank or Depository		Bra	anch	Cir	ty		
BANK OF AMERICA		BUI	RIEN	BU	RIEN		
<ol><li>Campaign books must be open to the public by app holidays. In the space below, provide contact inforr post office box or an out-of-area address.</li></ol>							
Street Address, Room Number, City 603 STEWART STREET SUITE 819	, SEATTLE		·				
In order to make an appointment, contact the camp			1	EATTLEC			
<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 reginitee. Additionally, o	stered voters before during the six months	11. Signature and Certifica and correct to the best of my	/ knowledge.	that this stateme		
prior to making a contribution to a state office received contributions of \$10 or more each from			Committee Treasurer	-			
voters.			PHILIP LLOYD			06-25	-2018
A check here indicates your awareness of and Absence of a check mark means your committee							

## Attachment to C1PC – Political Committee Registration

Name no tax on jobs

2. Related or affiliated committees
5. Deputy Treasurers Name and Address.
C. Densens who markens only reinistenial functions. None Title and Address
6. Persons who perform only ministerial functions, Name, Title and Address.
7. Committee Officers, List Name, Title and Address.
JON SCHOLES OFFICER 1809 7TH AVE #900, SEATTLE WA 98101
OFFICER 1005 / III AVE #5007 SERTIDE WA 50101
OFFICIAL TOUS / IN AVE #500, SHATTER WA SCIOL
SON BEHOLED STITCER 1003 / III AVE #300, BEATTER WA 30101
SON BEHOLES CITIEER TOOS / IN AVE #500, BEATTEE WA SCIOT
SON BEHOLED STITCER TOUS / IN AVE #500, BEATTLE WA SCIOT
OFFICIAL TOUS THE AVE WOOD SHATTED WA SCIOL
OFFICIAL TOUS 7TH AVE #5007 SHATTHE WA SCIOL
CON BENEZIES CITICIAN TOUS / IN AVE #500, BEATTLE WA SCIOT
CON BENEZIES CITICIAN TOUS / IN AVI #500, BEATTLE WA SCIOT