



Reporting Form for: (check one)

Instructions on Page 3

- INDEPENDENT EXPENDITURES** (Occurring at any time) — \$100 or more
- INDEPENDENT EXPENDITURE ADS** (Appearing within 21 days of an election) — \$1,000 or more
- ELECTIONEERING COMMUNICATIONS, Except Contributions** (Appearing within 60 days of an election) — \$1,000 or more

| | |
|--|---------------------------|
| 1. Name and complete postal mailing address of sponsor: WASHINGTON STATE DENTAL POLITICAL ACTION COMMITTEE 126 NW CANAL ST SEATTLE, WA 98017 | E-mail |
| | ZACH@WSDA.ORG |
| | Telephone 800-448-3368 |

2. Itemize expenditures of more than \$100 associated with the independent expenditure or electioneering communication.

| Date Made | Date First Presented/ Mailed | Name and Address of Vendor or Recipient | Description of Expenditure (e.g., direct mail or newspaper, TV or radio ad) | Amount or Value (*See Below) |
|---|------------------------------|---|---|------------------------------|
| 07/27/20 | 07/31/20 | GILPIN GROUP PO BOX 11563 BAINBRIDGE ISLAND, WA | NEWSPAPER AD (PORT ORCH IND) | 1,052.25 |
| 07/27/20 | 07/31/20 | GILPIN GROUP PO BOX 11563 BAINBRIDGE ISLAND, WA | NEWSPAPER AD CREATIVE | 349.37 |
| 07/27/20 | 08/02/20 | GILPIN GROUP PO BOX 11563 BAINBRIDGE ISLAND, WA | NEWSPAPER AD (KITSAP SUN) | 2,700.00 |
| 07/27/20 | 08/02/20 | GILPIN GROUP PO BOX 11563 BAINBRIDGE ISLAND, WA | NEWSPAPER AD CREATIVE | 898.38 |
| Expenditures \$100 or less not itemized above | | | | \$ 0.00 |

| | | | |
|--|--|---|-------------|
| Amount or Value | | Total this report | \$ 5,000.00 |
| *If no reasonable estimate can be made of value, describe activity, services, property or right furnished precisely and attach copy of item produced or distributed. | | Total independent expenditures and electioneering communications made during this election campaign. Include amounts shown in this report and previously submitted C-6 reports. | \$ 5,000.00 |

| 3. List of candidate(s) or ballot proposition(s) identified in the advertising. | | | | | Show portion of current expense attributable to each candidate or proposition | Show total C-6 expenses related to each candidate/ proposition during election campaign |
|---|--|----------|-------------------------------------|--------------------------|---|---|
| Candidate/Proposition | Office/District/ Proposition No. | Party | Check Support or Oppose | | | |
| CALDIER, MICHELLE | STATE REPRESENTATIVE/LEG DISTRICT 26 - HOUSE | REPUBLIC | <input checked="" type="checkbox"/> | <input type="checkbox"/> | \$ 5,000.00 | \$ 5,000.00 |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | \$ |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | \$ |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | \$ |

Filer Name:

4. If reporting an Electioneering Communication, it is necessary to disclose information concerning the source of funding for the communication. Select the description that applies:

- a) ___ An individual using only personal funds.
- b) ___ An individual using personal funds and/or funds received from others.
- c) ___ A business, union, group, association, organization, or other person using only general treasury funds.
- d) ___ A business, union, group, association, organization, or other person using general treasury funds and/or funds received from others.
- e) **x** A political committee filing C-3 and C-4 reports. (RCW 42.17A.205 - .240)
- f) ___ A political committee filing C-5 reports. (RCW 42.17A.250)
- g) ___ Other

If (b), (d), (f), or (g) applies, complete section 5 below. If (e) applies, also complete section 5 if the committee received funds that were requested or designated for the communication.

5. Sources giving in excess of \$250 for the electioneering communication:

| Date Received | Source's Name, Address, City, State, Zip | For individuals, Employer's Name, City and State | Amount |
|---------------|--|--|---------|
| | | | \$ |
| | | Occupation | |
| | | | \$ |
| | | Occupation | |
| | | | \$ |
| | | Occupation | |
| | | | \$ |
| | | Occupation | |
| | | | \$ |
| | | Occupation | |
| | | Sub-Total | \$ 0.00 |
| | Continued on attached sheet <input type="checkbox"/> | Amount from attached pages | \$ 0.00 |
| | | TOTAL FUNDS RECEIVED | \$ 0.00 |

| Sponsor of Independent Expenditure or Electioneering Communication | |
|--|--|
| I certify (or declare) under penalty of perjury under the laws of the State of Washington that this expenditure was not made in cooperation, consultation, or concert with, or at the request or suggestion of, a candidate, a candidate's authorized committee, or an agent of a candidate nor does it otherwise constitute a contribution under RCW 42.17A.005. I further certify that the above information is true, complete, and correct to the best of my knowledge. | Signature _____ Printed Name HEATHER CLARKE |
| | Street address 3400 CAPITOL BLVD SE SUITE 202 |
| | City/State/Zip TUMWATER WA 98501 |
| | Date Signed 08/03/20 Place Signed (city and county) TUMWATER THURSTON |
| | *RCW 9A.72.040 provides that "(1) A person is guilty of false swearing if he makes a false statement, which he knows to be false, under an oath required or authorized by law. (2) False swearing is a misdemeanor." |