



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: SOUND JOBS ENTERPRISE WASHINGTON 975 CARPENTER RD NE STE 101 LACEY, WA 98516	E-mail
	TYLER@ENTERPRISEWAS
	Telephone
	559-284-4941

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)
09/20/20	09/20/20	GO BIG MEDIA 44 CANAL CENTER PLZ STE 315 ALEXANDRIA, VA 22314	MEDIA PRODUCTION	12,500.00
09/20/20	09/20/20	GO BIG MEDIA 44 CANAL CENTER PLZ STE 315 ALEXANDRIA, VA 22314	DIGITAL ADVERTISING	18,000.00
09/20/20	09/20/20	GO BIG MEDIA 44 CANAL CENTER PLZ STE 315 ALEXANDRIA, VA 22314	URL/WEBSITE HOSTING	100.00
Expenditures \$100 or less not itemized above				\$ 0.00

Amount or Value	Total this report	\$ 30,600.00
*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.	\$ 30,600.00

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			
PRICE JOHNSON, HELEN	STATE SENATOR/LEG DISTRICT 10 - SENATE	DEMOCRAT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 30,600.00	\$ 30,600.00
			<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
		Amount from attached pages	\$ 0.00
		TOTAL FUNDS RECEIVED	\$ 0.00

Continued on attached sheet

<p align="center">Sponsor of Independent Expenditure or Electioneering Communication</p>			
<p>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.</p>	<p>Signature</p>	<p>Printed Name TOM PERRY</p>	
	<p>Street address 3718 19TH AVENUE CT SE</p>		
	<p>City/State/Zip PUYALLUP WA 98372</p>		
	<p>Date Signed 09/22/20</p>	<p>Place Signed (city and county) PUYALLUP PIERCE</p>	
	<p>*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."</p>		