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| PUBLIC DISCLOSURE COMMISSION   711 CAPITOL WAY RM 206  PO BOX 40908  OLYMPIA WA 98504-0908  (360) 753-1111  Toll Free 1-877-601-2828 | | **Incidental Committee**  Registration | | | | C1IC(1/20) | P M  **O A**  **S R**  **T K** | PDC OFFICE USE |
| Committee Name | | | | | | Email: | | |
| Telephone: (    )    - | | |
| Mailing Address | | | | | | Acronym: | | |
| City | County | | Zip + 4 | NEW OR AMENDED REGISTRATION?  NEW. Complete entire form.  AMENDS previous report. Complete entire form. | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | 1. Candidate(s) or political committee(s) which the incidental committee is supporting or opposing:  Candidate/ Office Sought/ Party affiliation/ Check  Political (e.g. ballot measure) Committee Committee Address Ballot Proposition No. Support or Oppose | | | | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | Continued on attached sheet. | | | | | | | | | | | | |
| 2. Related or affiliated incidental and political committees. List name, address, and relationship.          . | | | | | | | | |
| Continued on attached sheet. | | | | | | | | |
| 3. Committee Officers. If the committee has no officers, the name of any responsible leaders and the committee’s treasurer should be listed. Report name, title, and address. | | | | | | | | |
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| Continued on attached sheet. | | | | | | | | |
| 4. **Signature and Certification**. I certify that this report is true, complete and correct to the best of my knowledge. I acknowledge that the email address herein constitutes the official address for purposes of all communications with the Commission, and that I must notify the Commission of any change to that address within ten days. Please consult a lawyer or the IRS about tax-exempt status and what is allowable political activity. Committee Officer’s or Leader’s Signature Date | | | | | | | | |