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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. |
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| 1. Candidate(s) or political committee(s) which the incidental committee is supporting or opposing: Candidate/ Office Sought/ Party affiliation/ CheckPolitical (e.g. ballot measure) Committee Committee Address Ballot Proposition No. Support or Oppose |
|       |       |       | **[ ]  [ ]**  |
|       |       |       | **[ ]  [ ]**  |
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|  [ ]  Continued on attached sheet. |

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| 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       |