PUBLIC DISC	711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828		Committee tration	C1 _(1/20)	P M P O A S R T K	DC OFFICE USE
Committee Name		,		Email:		
				Telephone: () -	
Mailing Address				Acronym:		
City	County	Zip + 4	NEW OR AMENDED R ☐ NEW. Complete en ☐ AMENDS previous	itire form.	ntire form.	
1. Candidate(s)	or political committee(s) wh	ich the incidental commit	tee is supporting or op	posing:		
Candidate/ Political (e.g. ballot measure) Committee		Office Sought/ Committee Address		affiliation/ oposition No.	Check Support or Oppose	
					С	
	_					
] [
] Continued or	n attached sheet.
Related or affiliat	ted incidental and political comm	nittees. List name, address,	and relationship.			
0.0000000000000000000000000000000000000		H				n attached sheet.
Committee Office title, and address	ers. If the committee has no offic	cers, tne name of any respo	nside leaders and the col	mmittee's treasurer	snould be liste	a. Keport name,
					Continued or	n attached sheet.
herein constitutes the	Certification. I certify that this re he official address for purposes ten days. Please consult a lawy	of all communications with t	he Commission, and that	I must notify the C	ommission of a	email address iny change to

Date

Committee Officer's or Leader's Signature