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
(3/19)

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/ Political (e.g. ballot proposition) Committee	Office Sought/ Committee Address	Party affiliation/ Ballot Proposition No.	Check 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.

☐ 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**