



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: FORWARD WITH EDUCATION 603 STEWART ST STE 819 SEATTLE, WA 98101	E-mail
	Telephone 2063825552

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)
10/25/16	10/27/16	KULLY HALL STRUBLE 318 1ST AVE S, STE. 310 SEATTLE, WA 98104	TV AD PRODUCTION	14,500.00
10/25/16	10/27/16	KULLY HALL STRUBLE 318 1ST AVE S, STE. 310 SEATTLE, WA 98104	TV ADVERTISING	86,000.00
Expenditures \$100 or less not itemized above				\$ 0.00

Amount or Value	Total this report	\$ 100,500.00
*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.	\$ 100,500.00

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			
REYKDAL, CHRIS	SUPERINTENDENT OF PUBLIC INSTRUCTION/PUBLIC	NON PARTISAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 59,295.00	\$ 59,295.00
JONES, ERIN	SUPERINTENDENT OF PUBLIC INSTRUCTION/PUBLIC	NON PARTISAN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 41,205.00	\$ 41,205.00
			<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
	Continued on attached sheet <input type="checkbox"/>	Amount from attached pages	\$ 0.00
TOTAL FUNDS RECEIVED			\$ 0.00

Sponsor of Independent Expenditure or Electioneering Communication			
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.	Signature	Printed Name PHILIP LLOYD	
	Street address 603 STEWART ST STE 819		
	City/State/Zip SEATTLE WA 98101		
	Date Signed 10/28/16	Place Signed (city and county) SEATTLE KING	
	*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."		

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4 (3/97)	PDC OFFICE USE
	100730579
	AMENDS
	100727599
	10-26-2016

Candidate or Committee Name (Do not abbreviate. Include full name) Forward With Education			
Mailing Address 603 Stewart Street Suite 819		City Seattle, WA	
Zip + 4 98101	Office Sought (Candidates)	Election Date 2016	*For PACs, Parties & Caucus Committees: During this report period, did the committee make an independent expenditure (i.e., an expense not considered a contribution) supporting or opposing a state or local candidate?
Report Period Covered 09/01/16	From (last C-4) To (end of period) 10/17/16	Final Report? Yes No X	

RECEIPTS	*See next page	Yes	No
1. Previous total cash and in kind contributions (From line 8, last C-4) (if beginning a new campaign or calendar year, see instruction booklet)	\$		0.00
2. Cash received (From line 2, Schedule A)	\$		99,500.00
3. In kind contributions received (From line 1, Schedule B).....			1,686.86
4. Total cash and in kind contributions received this period (Line 2 plus 3).....			101,186.86
5. Loan principal repayments made (From line 2, Schedule L).....			0.00
6. Corrections (From line 1 or 3, Schedule C)..... Show + or (-)			0.00
7. Net adjustments this period (Combine line 5 & 6)..... Show + or (-)			0.00
8. Total cash and in kind contributions during campaign (Combine lines 1, 4 & 7)			101,186.86
9. Total pledge payments due (From line 2, Schedule B).....			0.00

EXPENDITURES	
10. Previous total cash and in kind expenditures (From line 17, last C-4) (If beginning a new campaign or calendar year, see instruction booklet)	0.00
11. Total cash expenditures (From line 4, Schedule A)	600.00
12. In kind expenditures (goods & services) (From line 1, Schedule B)	1,686.86
13. Total cash and in kind expenditures made this period (Line 11 plus line 12).....	2,286.86
14. Loan principal repayments made (From line 2, Schedule L).....	0.00
15. Corrections (From line 2 or 3, Schedule C)..... Show + or (-)	0.00
16. Net adjustments this period (Combine lines 14 & 15)..... Show + or (-)	0.00
17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16).....	2,286.86

CANDIDATES ONLY	CASH SUMMARY															
<table border="1" style="width: 100%;"> <tr> <th></th> <th>Won</th> <th>Lost</th> <th>Unopposed</th> <th>Name not on ballot</th> </tr> <tr> <td>Primary election</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>General election</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Won	Lost	Unopposed	Name not on ballot	Primary election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Cash on hand (Line 8 minus line 17) 98,900.00 <small>[Line 18 should equal your bank account balance(s) plus your petty cash balance.]</small> 19. Liabilities: (Sum of loans and debts owed) 500.00 20. Balance (Surplus or deficit) (Line 18 minus line 19) 98,400.00
	Won	Lost	Unopposed	Name not on ballot												
Primary election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
General election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Treasurer's Daytime Telephone No.: (206) 382-5552																

CERTIFICATION: I certify that the information herein and on accompanying schedules and attachments is true and correct to the best of my knowledge.

Candidate's Signature	Date	Treasurer's Signature Philip Lloyd	Date
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CASH RECEIPTS AND EXPENDITURE

SCHEDULE A
 to C4
(11/93)

2

Candidate or Committee Name (Do not abbreviate. Use full name.) Report Date
09/01/16 10/17/16

1. CASH RECEIPTS (Contributions) which have been reported on C3. List each deposit made since last C4 report was submitted.

Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits
09/30/2016	4,000.00	10/12/2016	50,000.00			
10/04/2016	8,000.00	10/17/2016	35,000.00			
10/06/2016	2,500.00					

2. TOTAL CASH RECEIPTS Enter also on line 2 of C4 \$ 99,500.00

CODES FOR CLASSIFYING EXPENDITURES: If one of the following codes is used to describe an expenditure, no other description is generally needed. The exceptions are:

- 1) If expenditures are in-kind or earmarked contributions to a candidate or committee or independent expenditures that benefit a candidate or committee, identify the candidate or committee in the Description block;
- 2) When reporting payments to vendors for travel expenses, identify the traveler and travel purpose in the Description block; and
- 3) If expenditures are made directly or indirectly to compensate a person or entity for soliciting signatures on a statewide initiative or referendum petition, use code "V" and provide the following information on an attached sheet: name and address of each person/entity compensated, amount paid each during the reporting period, and cumulative total paid all persons to date to gather signatures.

CODE
DEFINITIONS
ON NEXT PAGE

C - Contributions (monetary, in-kind & transfers)
 I - Independent Expenditures
 L - Literature, Brochures, Printing
 B - Broadcast Advertising (Radio, TV)
 N - Newspaper and Periodical Advertising
 O - Other Advertising (yard signs, buttons, etc.)
 V - Voter Signature Gathering

P - Postage, Mailing Permits
 S - Surveys and Polls
 F - Fundraising Event Expenses
 T - Travel, Accommodations, Meals
 M - Management/Consulting Services
 W - Wages, Salaries, Benefits
 G - General Operation and Overhead

3. EXPENDITURES

- a) Expenditures of \$50 or less, including those from petty cash, need not be itemized. Add up these expenditures and show the total in the amount column on the first line below..
- b) Itemize each expenditure of more than \$50 by date paid, name and address of vendor, code/description, and amount.
- c) For each payment to a candidate, campaign worker, PR firm, advertising agency or credit card company, attach a list of detailed expenses or copies of receipts/invoices supporting the payment.

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount
N/A	Expenses of \$50 or less	N/A	N/A	
10/12/16	SEATTLE CFO LLC 603 Stewart St Ste 819 Seattle, WA 98101		Accounting/Compliance	600.00

4. TOTAL CASH EXPENDITURES Total from attached pages \$ 0.00
Enter also on line 11 of C4 \$ 600.00

IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

SCHEDULE
TO C4

B

(11/93)

3

Candidate or Committee Name (Do not abbreviate. Use full name.)

Report Date
09/01/16 10/17/16

1. IN KIND CONTRIBUTIONS RECEIVED (goods, services, discounts, etc.)

Date Received	Contributor's Name and Address	Description of Contribution	Fair Market Value	Aggregate Total	P	R	G	E	N	If total over \$100, Employer Name, City, State & Occup
09/30/16	WASHINGTON EDUCATION 724 Columbia St NW Suite 220 Olympia, WA 98501	Staff Services	1,180.73	86,686.86						
10/17/16	WASHINGTON EDUCATION 724 Columbia St NW Suite 220 Olympia, WA 98501	Staff Services	506.13	86,686.86						
TOTAL THIS PAGE				1,686.86						

IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

SCHEDULE
TO C4

B

(11/93)

4

Candidate or Committee Name (Do not abbreviate. Use full name.)

Report Date
09/01/16 10/17/16

3. ORDERS PLACED, DEBTS, OBLIGATIONS. (Give estimate if actual amount not known. Exclude loans. Report loans on Schedule L.)

Expenditure Date	Vendor's/Recipient's Name and Address	Amount Owed	Code	OR Description of Obligation
10/17/2016	SEATTLE CFO LLC 603 Stewart St Ste 819 Seattle, WA 98101	500.00		Accounting/Compliance (est.)
TOTAL THIS PAGE		500.00		

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

100730577
 AMENDS
 100726089
 10-26-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
 Forward With Education
 Mailing Address
 603 Stewart Street Suite 819

City: Seattle, WA Zip + 4: 98101 Office Sought (candidates): Election Date: 2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c).....		
	c. Loans, notes, security agreements. Attach Schedule L		
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation		
	e. Small contributions \$25.00 or less not itemized and number of persons giving _____ (persons)		

2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100: Employer's Name, City and State	P R I	G E N	Amount	Aggregate* Total
10/12/16	WASHINGTON EDUCATION 724 Columbia St NW Suite 220 Olympia, WA 98501				50,000.00	51,180.73
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			50,000.00	*See reverse for details.
		Amount from attached pages			0.00	

3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT
 Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

50,000.00

4. Date of Deposit: 10/12/16
 Treasurer's Daytime Telephone No.: (206) 382-5552

I certify that this report is true and complete to the best of my knowledge
 Treasurer's Signature: Philip Lloyd Date: 10-26-2016

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

100729233

10-21-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
 Forward With Education
 Mailing Address
 603 Stewart Street Suite 819

City Zip + 4 Office Sought (candidates) Election Date
 Seattle, WA 98101 2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received	Amount	Total
a. Anonymous		
b. Candidate's personal funds deposited in the bank (include candidate loans in 1c).....		
c. Loans, notes, security agreements. Attach Schedule L		
d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation		
e. Small contributions \$25.00 or less not itemized and number of persons giving _____ (persons)		

2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100: Employer's Name, City and State	P R I	G E N	Amount	Aggregate* Total
10/21/16	UFCW 21 PAC 5030 1st Ave S Ste 200 Seattle, WA 98134				3,500.00	3,500.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Sub-total			3,500.00	*See reverse for details.
	<input type="checkbox"/> Check here if additional pages are attached	Amount from attached pages			0.00	

3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT
 Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

3,500.00

4. Date of Deposit
 10/21/16
 Treasurer's Daytime Telephone No.: (206) 382-5552

I certify that this report is true and complete to the best of my knowledge
 Treasurer's Signature Date
 Philip Lloyd 10-21-2016

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4
(3/97)

PDC OFFICE USE
100727599
10-18-2016

Candidate or Committee Name (Do not abbreviate. Include full name)
Forward With Education

Mailing Address
 603 Stewart Street Suite 819
 City: Seattle, WA

Zip + 4: 98101
 Office Sought (Candidates):
 Election Date: 2016

Report Period Covered: From (last C-4) 09/01/16 To (end of period) 10/17/16
 Final Report? Yes No X

***For PACs, Parties & Caucus Committees:** During this report period, did the committee make an **independent expenditure** (i.e., an expense not considered a contribution supporting or opposing a state or local candidate?)

RECEIPTS		*See next page	Yes	No
1. Previous total cash and in kind contributions (From line 8, last C-4) (if beginning a new campaign or calendar year, see instruction booklet)		\$		0.00
2. Cash received (From line 2, Schedule A)		\$	99,500.00	
3. In kind contributions received (From line 1, Schedule B).....			1,686.86	
4. Total cash and in kind contributions received this period (Line 2 plus 3).....				101,186.86
5. Loan principal repayments made (From line 2, Schedule L).....			0.00	
6. Corrections (From line 1 or 3, Schedule C)..... Show + or (-)			0.00	
7. Net adjustments this period (Combine line 5 & 6)..... Show + or (-)				0.00
8. Total cash and in kind contributions during campaign (Combine lines 1, 4 & 7)				101,186.86
9. Total pledge payments due (From line 2, Schedule B).....	0.00			

EXPENDITURES	
10. Previous total cash and in kind expenditures (From line 17, last C-4) (If beginning a new campaign or calendar year, see instruction booklet)	0.00
11. Total cash expenditures (From line 4, Schedule A)	600.00
12. In kind expenditures (goods & services) (From line 1, Schedule B)	1,686.86
13. Total cash and in kind expenditures made this period (Line 11 plus line 12).....	2,286.86
14. Loan principal repayments made (From line 2, Schedule L).....	0.00
15. Corrections (From line 2 or 3, Schedule C)..... Show + or (-)	0.00
16. Net adjustments this period (Combine lines 14 & 15)..... Show + or (-)	0.00
17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16).....	2,286.86

CANDIDATES ONLY				CASH SUMMARY		
Won	Lost	Unopposed	Name not on ballot			
Primary election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Cash on hand (Line 8 minus line 17)	98,900.00
General election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Line 18 should equal your bank account balance(s) plus your petty cash balance.]	
Treasurer's Daytime Telephone No.: (206) 382-5552					19. Liabilities: (Sum of loans and debts owed)	500.00
					20. Balance (Surplus or deficit) (Line 18 minus line 19)	98,400.00

CERTIFICATION: I certify that the information herein and on accompanying schedules and attachments is true and correct to the best of my knowledge.

Candidate's Signature	Date	Treasurer's Signature	Date
		Philip Lloyd	

CASH RECEIPTS AND EXPENDITURE

SCHEDULE
 to C4
A
(11/93)

2

Candidate or Committee Name (Do not abbreviate. Use full name.) Report Date
09/01/16 10/17/16

1. CASH RECEIPTS (Contributions) which have been reported on C3. List each deposit made since last C4 report was submitted.

Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits
09/30/2016	4,000.00	10/12/2016	50,000.00			
10/04/2016	8,000.00	10/17/2016	35,000.00			
10/06/2016	2,500.00					

2. TOTAL CASH RECEIPTS Enter also on line 2 of C4 **\$** 99,500.00

CODES FOR CLASSIFYING EXPENDITURES: If one of the following codes is used to describe an expenditure, no other description is generally needed. The exceptions are:

- 1) If expenditures are in-kind or earmarked contributions to a candidate or committee or independent expenditures that benefit a candidate or committee, identify the candidate or committee in the Description block;
- 2) When reporting payments to vendors for travel expenses, identify the traveler and travel purpose in the Description block; and
- 3) If expenditures are made directly or indirectly to compensate a person or entity for soliciting signatures on a statewide initiative or referendum petition, use code "V" and provide the following information on an attached sheet: name and address of each person/entity compensated, amount paid each during the reporting period, and cumulative total paid all persons to date to gather signatures.

CODE DEFINITIONS ON NEXT PAGE	C - Contributions (monetary, in-kind & transfers) I - Independent Expenditures L - Literature, Brochures, Printing B - Broadcast Advertising (Radio, TV) N - Newspaper and Periodical Advertising O - Other Advertising (yard signs, buttons, etc.) V - Voter Signature Gathering	P - Postage, Mailing Permits S - Surveys and Polls F - Fundraising Event Expenses T - Travel, Accommodations, Meals M - Management/Consulting Services W - Wages, Salaries, Benefits G - General Operation and Overhead
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3. EXPENDITURES

- a) Expenditures of \$50 or less, including those from petty cash, need not be itemized. Add up these expenditures and show the total in the amount column on the first line below..
- b) Itemize each expenditure of more than \$50 by date paid, name and address of vendor, code/description, and amount.
- c) For each payment to a candidate, campaign worker, PR firm, advertising agency or credit card company, attach a list of detailed expenses or copies of receipts/invoices supporting the payment.

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount
N/A	Expenses of \$50 or less	N/A	N/A	
10/12/16	SEATTLE CFO LLC 603 Stewart St Ste 819 Seattle, WA 98101		Accounting/Compliance	600.00

4. TOTAL CASH EXPENDITURES Total from attached pages **\$** 0.00
Enter also on line 11 of C4 **\$** 600.00

**IN KIND CONTRIBUTIONS, PLEDGES,
ORDERS, DEBTS, OBLIGATIONS**

**SCHEDULE
TO C4**

B
(11/93)

3

Candidate or Committee Name (Do not abbreviate. Use full name.)

Report Date
09/01/16 10/17/16

1. IN KIND CONTRIBUTIONS RECEIVED (goods, services, discounts, etc.)

Date Received	Contributor's Name and Address	Description of Contribution	Fair Market Value	Aggregate Total	P R I	G E N	If total over \$100, Employer Name, City, State & Occup
09/30/16	WASHINGTON EDUCATION 724 Columbia St NW Suite 220 Olympia, WA 98501	Staff Services	1,180.73	86,686.86			
10/17/16	WASHINGTON EDUCATION 724 Columbia St NW Suite 220 Olympia, WA 98501	Staff Services	506.13	86,686.86			
TOTAL THIS PAGE			1,686.86				

IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

<p>SCHEDULE TO C4</p> <p>B</p> <p>(11/93)</p>

Candidate or Committee Name (Do not abbreviate. Use full name.)

Report Date
09/01/16 10/17/16

3. ORDERS PLACED, DEBTS, OBLIGATIONS. (Give estimate if actual amount not known. Exclude loans. Report loans on Schedule L.)

Expenditure Date	Vendor's/Recipient's Name and Address	Amount Owed	Code OR	Description of Obligation
10/17/2016	SEATTLE CFO LLC 603 Stewart St Ste 819 Seattle, WA 98101	500.00		Accounting/Compliance (est.)

TOTAL THIS PAGE	500.00
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**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

100727562

10-18-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
 Forward With Education
 Mailing Address
 603 Stewart Street Suite 819

City: Seattle, WA Zip + 4: 98101 Office Sought (candidates):
 Election Date: 2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c).....		
	c. Loans, notes, security agreements. Attach Schedule L		
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation		
	e. Small contributions \$25.00 or less not itemized and number of persons giving _____ (persons)		

2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100:* Employer's Name, City and State	P R I	G E N	Amount	Aggregate* Total
10/17/16	WASHINGTON EDUCATION 724 Columbia St NW Suite 220 Olympia, WA 98501				35,000.00	86,180.73
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			35,000.00	*See reverse for details.
		Amount from attached pages			0.00	

3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT
 Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

35,000.00

4. Date of Deposit
 10/17/16
 Treasurer's Daytime Telephone No.: (206) 382-5552

I certify that this report is true and complete to the best of my knowledge
 Treasurer's Signature: Philip Lloyd Date: 10-18-2016

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

100726089

10-14-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
 Forward With Education
 Mailing Address
 603 Stewart Street Suite 819

City Zip + 4 Office Sought (candidates) Election Date
 Seattle, WA 98101 2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c).....		
	c. Loans, notes, security agreements. Attach Schedule L		
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation		
	e. Small contributions \$25.00 or less not itemized and number of persons giving _____ (persons)		

2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100: Employer's Name, City and State	P R I	G E N	Amount	Aggregate* Total
10/12/16	WASHINGTON EDUCATION 724 Columbia St NW Suite 220 Olympia, WA 98501				50,000.00	51,180.73
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			50,000.00	*See reverse for details.
		Amount from attached pages			0.00	

3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT
 Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

50,000.00

4. Date of Deposit
 10/12/16
 Treasurer's Daytime Telephone No.: (206) 382-5552

I certify that this report is true and complete to the best of my knowledge
 Treasurer's Signature Philip Lloyd Date 10-14-2016

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

100724959

10-10-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
 Forward With Education
 Mailing Address
 603 Stewart Street Suite 819

City: Seattle, WA Zip + 4: 98101 Office Sought (candidates): Election Date: 2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c).....		
	c. Loans, notes, security agreements. Attach Schedule L		
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation		
	e. Small contributions \$25.00 or less not itemized and number of persons giving _____ (persons)		

2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100: Employer's Name, City and State	P R I	G E N	Amount	Aggregate* Total
10/06/16	WA STATE COUNCIL OF 1069 Adams St SE Olympia , WA 98501				2,500.00	2,500.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			2,500.00	*See reverse for details.
		Amount from attached pages			0.00	

3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT
 Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

2,500.00

4. Date of Deposit: 10/06/16
 Treasurer's Daytime Telephone No.: (206) 382-5552

I certify that this report is true and complete to the best of my knowledge
 Treasurer's Signature: Philip Lloyd Date: 10-10-2016

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

100724958

10-10-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
 Forward With Education

Mailing Address
 603 Stewart Street Suite 819

City: Seattle, WA Zip + 4: 98101 Office Sought (candidates): Election Date: 2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c).....		
	c. Loans, notes, security agreements. Attach Schedule L		
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation		
	e. Small contributions \$25.00 or less not itemized and number of persons giving _____ (persons)		

2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100:* Employer's Name, City and State	P R I	G E N	Amount	Aggregate* Total
10/03/16	DIME PAC 321 16th Ave S Seattle, WA 98144				2,500.00	2,500.00
	Occupation					
10/03/16	WASHINGTON MACHINISTS COUNCIL 9125 15th Place S Seattle, WA 98108				2,500.00	2,500.00
	Occupation					
10/04/16	WA FEDERATION OF STATE 1212 Jefferson St SE #300 Olympia, WA 98501				3,000.00	3,000.00
	Occupation					
	Occupation					
	Occupation					
	Sub-total				8,000.00	*See reverse for details.
	Amount from attached pages				0.00	

3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT
 Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

8,000.00

4. Date of Deposit: 10/04/16

Treasurer's Daytime Telephone No.: (206) 382-5552

I certify that this report is true and complete to the best of my knowledge

Treasurer's Signature: Philip Lloyd Date: 10-10-2016

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

100723345

09-30-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
 Forward With Education
 Mailing Address
 603 Stewart Street Suite 819

City Zip + 4 Office Sought (candidates) Election Date
 Seattle, WA 98101 2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c).....		
	c. Loans, notes, security agreements. Attach Schedule L		
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation		
	e. Small contributions \$25.00 or less not itemized and number of persons giving _____ (persons)		

2. CONTRIBUTIONS OVER \$25.00


Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100: Employer's Name, City and State	P R I	G E N	Amount	Aggregate* Total
09/30/16	THURSTON-LEWIS-MASAON LABOR PO Box 66 Olympia, WA 98507				4,000.00	4,000.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Sub-total			4,000.00	*See reverse for details.
	<input type="checkbox"/> Check here if additional pages are attached	Amount from attached pages			0.00	

3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT
 Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

4,000.00

4. Date of Deposit
 09/30/16
 Treasurer's Daytime Telephone No.: (206) 382-5552

I certify that this report is true and complete to the best of my knowledge
 Treasurer's Signature Date
 Philip Lloyd 09-30-2016

 PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 Toll Free 1-877-601-2828		Political Committee Registration		C1_{PC} (1/12)		100721221 09-15-2016	
Committee Name (Include sponsor in committee name. See next page for definition of "sponsor." Show entire official name. Do not use abbreviations or acronyms in this box.) FORWARD WITH EDUCATION				Acronym:		Telephone: 206-382-5552	
Mailing Address 603 STEWART STREET SUITE 819				Fax:		E-mail: PHIL@SEATTLECFO.COM	
City SEATTLE		County KING		Zip + 4 98101			
NEW OR AMENDED REGISTRATION? <input checked="" type="checkbox"/> NEW. Complete entire form. <input type="checkbox"/> AMENDS previous report. Complete entire form.		COMMITTEE STATUS <input type="checkbox"/> Continuing (On-going; not established in anticipation of any particular campaign election.) <input checked="" type="checkbox"/> 2016 election year only. Date of general or special election: <u>11/08/2016</u> (Year)					
1. What is the purpose or description of the committee? <input type="checkbox"/> Bona Fide Political Party Committee - official state or county central committee or legislative district committee. If you are not supporting the entire party ticket, attach a list of the names of the candidates you support.							
<input type="checkbox"/> Ballot Committee - Initiative, Bond, Levy, Recall, etc. Name or description of ballot measure:						Ballot Number FOR AGAINST <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Other Political Committee - PAC, caucus committee, political club, etc. If committee is related or affiliated with a business, association, union or similar entity, specify name:							
For single election-year only committees (not continuing committees): Is the committee supporting or opposing (a) one or more candidates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a list of each candidate's name, office sought and political party affiliation. (b) the entire ticket of a political party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, identify the party:							
2. Related or affiliated committees. List name, address and relationship. <input type="checkbox"/> Continued on attached sheet.							
3. How much do you plan to spend during this entire election campaign, including the primary and general elections? Based on that estimate, choose one of the reporting options below. (If your committee status is continuing, estimate spending on a calendar year basis.) If no box is checked you are obligated to use Full Reporting. See instruction manuals for information about reports required and changing reporting options. <input type="checkbox"/> MINI REPORTING Mini Reporting is selected. No more than \$5,000 will be raised or spent <u>and</u> no more than \$500 in the aggregate will be accepted from any one contributor.							
<input checked="" type="checkbox"/> FULL REPORTING Full Reporting is selected. The frequent, detailed campaign reports mandated by law will be filed as required.						Telephone Number: 360-951-2725	
4. Campaign Manager's or Media Contact's Name and Address LUCINDA YOUNG 603 STEWART STREET SUITE 819, SEATTLE WA 98101				Daytime Telephone Number: 206-382-5552			
5. Treasurer's Name and Address. Does treasurer perform <u>only</u> ministerial functions? Yes ___ No <u>X</u> . See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. <input type="checkbox"/> Continued on attached sheet. PHILIP LLOYD 603 STEWART STREET SUITE 819, SEATTLE WA 98101							
6. Persons who perform only ministerial functions on behalf of this committee <u>and</u> on behalf of candidates or other political committees. List name, title, and address of these persons. See WAC 390-05-243 and next page for details. <input type="checkbox"/> Continued on attached sheet.							
7. Committee Officers and other persons who authorize expenditures or make decisions for committee. List name, title, and address. See next page for definition of "officer." <input type="checkbox"/> Continued on attached sheet. LUCINDA YOUNG, CHAIR, 603 STEWART STREET #819, SEATTLE WA 98101 PHILIP LLOYD, SECRETARY/TREASURER, 603 STEWART STREET #819, SEATTLE WA 98101							
8. Campaign Bank or Depository BANK OF AMERICA		Branch BUSINESS BANKING		City SEATTLE			
9. Campaign books must be open to the public by appointment between 8 a.m. and 8 p.m. during the eight days before the election, except Saturdays, Sundays, and legal holidays. In the space below, provide contact information for scheduling an appointment and the address where the inspection will take place. It is not acceptable to provide a post office box or an out-of-area address. Street Address, Room Number, City where campaign books will be available for inspection 603 STEWART STREET SUITE 819, SEATTLE In order to make an appointment, contact the campaign at (telephone, fax, e-mail): (206) 382-5552 PHIL@SEATTLECFO.COM							
10. Eligibility to Give to Political Committees and State Office Candidates: A committee must receive \$10 or more each from ten Washington State registered voters before contributing to a Washington State political committee. Additionally, during the six months prior to making a contribution to a state office candidate your committee must have received contributions of \$10 or more each from at least ten Washington State registered voters. <input checked="" type="checkbox"/> A check here indicates your awareness of and pledge to comply with these provisions. Absence of a check mark means your committee does not qualify to give to Washington State political committees and/or state office candidates.				11. Signature and Certification. I certify that this statement is true, complete and correct to the best of my knowledge. <div style="display: flex; justify-content: space-between;"> <div> Committee Treasurer's Signature PHILIP LLOYD </div> <div> Date 09-15-2016 </div> </div>			

Attachment to C1PC – Candidates Supported

Name FORWARD WITH EDUCATION

Candidate	Office	Party
CHRIS REYKDAL	SUPT. OF PUBLIC INSTRUCTION	DEMOCRAT