

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Washington Community Action Network		3. FEC Identification Number C C90012709
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 220 South River St, #11		
(c) City, State and ZIP Code Seattle WA 98108		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice
 July 15 Quarterly Report
 October Quarterly Report
 January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M	M
1	0

 /

D	D
0	1

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	2

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

8965.90

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Debra Louise Willison		05/27/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

Washington Community Action Network

Full Name (Last, First, Middle Initial) of Payee
Rosario Lopez-Hernandez

Date

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Mailing Address
220 S River St, #11

Amount

636.32

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
canvassing services - 10/11-13,10/16-19,10/20 & 10/23

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Benjamin Dickey

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
220 South River St

Amount

620.20

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
canvassing services - 10/18-20

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
p m

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Kevin Elliott

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
220 S River St

Amount

110.40

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
canvassing services - 10/29

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1366.92

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

Washington Community Action Network

Full Name (Last, First, Middle Initial) of Payee
Laura Gillis

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
220 S River St

Amount

77.57

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
canvassing services - 10/29

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Maria Guillen Valdovinos

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
220 S River St, #11

Amount

930.53

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
Canvassing management - 10/24-11/1

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Rhiannon Hemsted

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
220 S River St , #11

Amount

86.47

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
canvassing services - 10/29

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1094.57

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

Washington Community Action Network

Full Name (Last, First, Middle Initial) of Payee
Ricardo Aguayo

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
220 S River St , #11

Amount

252.85

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
canvassing - 10/25 - 29 & 11/1

Category/
Type

Office Sought: House State: WA
 Senate District: _____
 President

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Rosario Lopez-Hernandez

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
220 S River St #11

Amount

298.93

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
canvassing services - 10/24-29, 10/31 & 11/1

Category/
Type

Office Sought: House State: WA
 Senate Senate District: _____
 President

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Natalia Lopez

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
220 S River Stm, #11

Amount

696.89

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
canvassing services - 10/24-26 & 10/28-31

Category/
Type

Office Sought: House State: WA
 Senate Senate District: _____
 President

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1248.67

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

Washington Community Action Network

Full Name (Last, First, Middle Initial) of Payee
Joshua Oliver

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
220 S River St, #11

Amount

68.66

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
canvassing services - 10/30

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Maribel Peralez

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
220 S River St, #11

Amount

438.07

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
canvassing services - 10/24 & 10/30-31

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Lori Schroyer

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
220 S River St, #11

Amount

410.03

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
canvassing services - 10/29-31 & 11/1

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

916.76

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

Washington Community Action Network

Full Name (Last, First, Middle Initial) of Payee
Andale Storvall

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
220 S River St, #11

Amount

406.74

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
canvassing services - 10/24-26, 10/29 & 11/1

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Jaqua Williams

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
220 S River St, #11

Amount

68.66

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
canvassing services - 10-29

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Andale Stovall

Date

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Mailing Address
220 S River St

Amount

146.49

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
canvassing services - 10/20 & 23

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

621.89

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

Washington Community Action Network

Full Name (Last, First, Middle Initial) of Payee
Maria Guillen Valdovinos

Date

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Mailing Address
220 S River St

Amount

930.53

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
canvassing management - 10/11-13 & 10/16-23

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Ricardo Aguayo

Date

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Mailing Address
220 S River St, #11

Amount

179.25

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
Reim. mileage- personal vehicle for canvass (478 miles @ \$0.375 per mile)

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Maribel Peralez

Date

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Mailing Address
220 S River St, #11

Amount

62.79

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
Reim. mileage- use of personal vehicle for canvass (167 miles @ \$0.375 per mile) 10/16, 17, 23

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1172.57

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

Washington Community Action Network

Full Name (Last, First, Middle Initial) of Payee
r Berkson

Date

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 1

Mailing Address
220 S River St

Amount

740.32

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
Canavassing Management - 10/11-15 & 10/18-22

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Eric Stanford

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
220 S River st, #11

Amount

218.11

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
canvassing services - 10/29

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Isiah Francis

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
220 S River St

Amount

245.24

City State Zip Code
Seattle WA 98018

Purpose of Expenditure
Canvassing services - 10/28, 29 & 31

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1203.67

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

Washington Community Action Network

Full Name (Last, First, Middle Initial) of Payee
Rachel Berkson

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
220 s River St

Amount

753.76

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
Canvassing management - 10/25-31 & 11/1

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Carl Florea

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 1

Mailing Address
2

Amount

155.14

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
Canvassing services - 10/29 & 11/1

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Jill Mangaliman

Date

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Mailing Address
220 S River st

Amount

431.95

City State Zip Code
Seattle WA 98108

Purpose of Expenditure
Canvassing services - 10/29 - 31

Category/
Type

Office Sought: House State: WA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1340.85

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

8965.90