FEC FORM 1

STATEMENT OF ORGANIZATION

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2012 SEP 10 AM 11: 21

| FORM 1 | | | | | FEC N | ALL CENTER |
|--|--------------|---|------------|--|--|------------------------------------|
| 1. NAME OF COMMITTEE (in | fuli) | (Check is chang | | Example:If typing, ty over the lines. | pe 12FE4M | 5 |
| Kilmer Vict | ory Fu | und 2012 | | | | 1 |
| <u> </u> | · | | | | | |
| ADDRESS (number an | d street) | 603 Stewart St | #819 | | | |
| (Check if ad is changed) | dress | Seattle | | | WA L | 98101 |
| | | | | CITY | STATE | ZIP CODE |
| COMMITTEE'S E-MAI (Check if a is changed | address | SS (Please provide phil@seattle | - | e-mail address) | | |
| COMMITTEE'S WEB | PAGE ADI | DRESS (URL) | | | | |
| (Check if a is changed | | N/A | | | | |
| 2. DATE 09 | | p : / Y : Y : Y : Y : Y : Y : Y : Y : Y : | Y | | | |
| 3. FEC IDENTIFIC | ation NU | JMBER | C | rga, ar realiste au grandegant er akkyta. Le 44 - 144 er er bleva krandesa fe ta | T. | |
| 4. IS THIS STATEM | MENT X | NEW (N) | OR | AMENDED | (A) | |
| I certify that I have e. | xamined th | is Statement and | to the bes | t of my knowledge and b | elief it is true, correc | ct and complete. |
| Type or Print Name of | of Treasurer | Ph. | الم م ا | oy d | n je se og a redskil se sa com nye se og a com i blike sa com en | |
| Signature of Treasure | r | | $-\ell$ | | Date O | 9 09 2012 |
| NOTE: Submission of f | | · | | may subject the person si | - | o the penalties of 2 U.S.C. §437g. |
| Office Use Only | | | | For further inform Federal Election Co Toll Free 800-424-5 Local 202-694-1100 | ommission 9530 | FEC FORM 1 (Revised 02/2009) |

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|------------------------------|---|---|
| | COMMITTEE te Committee: | |
| (a) | This committee is a principal campaign committee. (Complete the candidate information below.) | |
| (b) . | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.) | the candidate |
| Name of Candidate | | |
| Candidate Party Affiliati | tion Sought: House Senate President | tate WA |
| (c) · | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Con | | poratio |
| (d) | | ocratic, olican, etc.) Party. |
| Political A | Action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | d organization is a: |
| | Corporation w/o Capital Stock Lab | or Organization |
| | Membership Organization Trace Association Coc | perative |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee) | ted fund or party |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint Fund | draising Representative: | |
| (g) × | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, at least one of which is an authorized committee of a federal candidate. | nore political |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or n committees/organizations, none of which is an authorized committee of a federal candidate. | nore political |
| Com | mmittees Participating in Joint Fundraiser | |
| 1. | PEOPLE FOR DEREK KILMER | 3 |
| 2. | WASHINGTON STATE DEMOCRATIC CENTRAL COMMITTEE | 9 |
| | | albert eskrialsie. Paperalia Valetysky |
| 3. | FEC ID number: Car | e electric de la Carte de electric de la Carte de Carte |
| 4. | FEC ID number C | ette aufgamitaerite eest. |

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|---|--|--|
| Write or Type Committee | Name | |
| Kilmer Victor | ry Fund 2012 | |
| | cted Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh | ip PAC Sponsor |
| NONE , , , , | | |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE 2 | ZIP CODE |
| | nected Organization Affiliated Committee Joint Fundraising Representative Lead | |
| Custodian of Records books and records. | s: Identify by name, address (phone number optional) and position of the person in poss | session of committee |
| | ip Lloyd | |
| Full Name | 603 Stewart St #819 | |
| Mailing Address | | |
| | Seattle , WA , 98101 | <u>i </u> |
| | deather the second seco | |
| Title or Position | CITY STATE Z | ZIP CODE |
| Treasurer | Telephone number | 382 - 5552 |
| Treasurer: List the nam any designated agent (e) | me and address (phone number optional) of the treasurer of the committee; and the name (e.g., assistant treasurer). | ne and address of |
| Full Name Philip of Treasurer | p Lloyd | |
| Mailing Address | 603 Stewart St #819 | |
| | | 1 1 1 1 1 |
| | Seattle WA 98101 | |
| Title or Position | CITY STATE Z | IP CODE |
| Treasurer | Telephone number 206 3 | 82 - 5552 |

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|--------------------------------------|---|----------|
| Full Name of Designated Agent | Philip Lloyd | |
| Mailing Address | 603 Stewart St #819 | |
| | | 11111 |
| | Seattle WA 98101 CITY STATE ZI | P CODE |
| Title or Position Treasurer | Telephone number 206 - 38 | 2 - 5552 |
| safety deposit bo Name of Bank, I | Depositories: List all banks or other depositories in which the committee deposits funds, holds a exes or maintains funds. Depository, etc. Bank of America | |
| Mailing Address | 800 Fifth Ave | <u> </u> |
| manning moderood | | |
| | Seattle WA 98104 | <u>.</u> |
| | CITY STATE Z | IP CODE |
| Name of Bank, I | Depository, etc. | |
| | | <u> </u> |
| Mailing Address | | |
| | | 11111 |
| | | |
| | CITY STATE Z | P CODE |

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **DATE PREPARED** PREPARER