FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC.MAIL CENTER

1.	NAME OF COMMITTEE (in full)		eck if name hanged)		ele:If typing, type le lines.	12FE4M	5	
P	roliance Surge	ons Po	litical Ac	tion C	Committee			
L AD	DRESS (number and street)	PO Box 22	12					
	(Check if address is changed)	Seattle		1 1 1 1		WA	98111	
				CITY		STATE	ZIP CODE	
СО	MMITTEE'S E-MAIL ADDRES		ovide only one e	e-mail addre	ess)			ı
	(Check if address is changed)			_ _				
co	MMITTEE'S WEB PAGE ADD)			* . • • •		
	(Check if address is changed)	None				-		
2.	DATE 12 12		문사 발작한 2012 					
3.	FEC IDENTIFICATION NU	IMBER	C	ogo a nego a negocina				
4.	IS THIS STATEMENT	NEW (N	i) OR	10.000 10.000 10.000	AMENDED (A)			
10	ertify that I have examined the	is Statement	and to the bes	at of my kn	owledge and belief	it is true, corre	ect and complete.	
Тур	oe or Print Name of Treasurer	Philip Lloy	d		$\overline{}$			
Sig	Philip L gnature of Treasurer	loyd		1		Date	2 12 22	012
NO	OTE: Submission of false, errone				ct the person signing			C. §437g.
_ 	Office Use			Fe	or further information ederal Election Commis oll Free 800-424-9530		FEC FORM (Revised 02/2009)	

	TEU PO	rm i (Hevised 02/2009)								
		OMMITTEE								
Cen	didate	e 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 the candidate information below.)								
Name Cand										
Cand Party	idate Affiliat	on Office State Sought: House Senate President District								
(c)	i	This committee supports/opposes only one candidate, and is NOT an authorized committee.								
Name Cand										
Part	y Con	nmittee:								
(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party								
Poli	tical A	ction Committee (PAC):								
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a								
		Corporation Corporation w/o Capital Stock Labor Organization								
		Membership Organization Trade Association Cooperative								
		In addition, this committee is a Lobbyist/Registrant PAC.								
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)									
		In addition, this committee is a Lobbyist/Registrant PAC.								
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)								
Join	t Fund	draising Representative:								
(g)	./ 	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.								
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.								
	Com	nmittees Participating in Joint Fundraiser								
	1.	FEC ID number C								
	2.	· [] FEC ID number C								
	3.	FEC ID number C								
	4.									

FEC Form 1 (Revise		Page 3
Write or Type Committee Na	•	
Proliance Sur	geons Political Action Committee	
6. Name of Any Connected	1 Organization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor
Proliance Surgeons	Inc.	
		1 1 1 1 1 1 1 1 1
Mailing Address	805 Madison Street #901	<u> </u>
	Seattle WA	98104
	CITY STATE	ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Representativ	Leadership PAC Sponsor
. Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the personal	son in possession of committee
Philip Li	lovd	
Full Name		
Mailing Address	PO Box 2212	
		
	Seattle WA	98111
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	382 - 5552
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; a ., assistant treasurer).	nd the name and address of
Full Name Philip Li	oyd	
Mailing Address	PO Box 2212	
	Seattle WA	98111
Title or Position	CITY STATE Telephone number 206	ZIP CODE

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Full Name of Designated	Philip Lloyd	1
Agent		
Mailing Address	PO Box 2212	<u> </u>
	Seattle WA 98111	<u> - </u>
	CITY STATE ZIP	CODE
Title or Position Treasurer	Telephone number 206 - 382	_ 5552
Name of Bank, [Bank of America	
Mailing Address	800 Fifth Ave., 36th Floor	
	1	1
	Seattle WA 98104]-[
	CITY STATE ZIP	CODE
Name of Bank, I	Depository, etc.	
	1	
Mailing Address		
-		
	CITY STATE ZIP	CODE

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No Postmark				
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Julo	12/15/1			
PREPARER (2/2005)	DATE PREPARED			
(3/2005)				