

AMENDED

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4 (397)

DATE FILED PDC JAN 09 2002

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

Healthcare for Washington's Working Families

Mailing Address

PO Box 2328

City

Seattle

WA

Zip - 4

98111-2328

Office Sought/Candidates

*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

From (last C-4)

To (end of period)

Final Report?

Covered

10/30/2001

11/30/2001

Yes No X

RECEIPTS

Yes No X

Table with 3 columns: Description, Amount, Total. Rows include: 1. Previous total cash and in kind contributions (1410667.86), 2. Cash received (26718.39), 3. In kind contributions received (22941.34), 4. Total cash and in kind contributions received this period (51659.73), 5. Loan principal repayments made (10000.00), 6. Corrections (-5.00), 7. Net adjustments this period (-10005.00), 8. Total cash and in kind contributions during campaign (1452322.59), 9. Total pledge payments due (10000.00).

EXPENDITURES

Table with 3 columns: Description, Amount, Total. Rows include: 10. Previous total cash and in kind expenditures (1362519.66), 11. Total cash expenditures (69639.97), 12. In kind expenditures (good & services) (22941.34), 13. Total cash and in kind expenditures made this period (92581.31), 14. Loan principal repayments made (10000.00), 15. Corrections (-5.00), 16. Net adjustments this period (-10005.00), 17. Total cash and in kind expenditures during campaign (1445095.97).

CANDIDATES ONLY

CASH SUMMARY

Table with 4 columns: Primary election, General election, Won, Lost, Unopposed, Name not on ballot. Includes checkboxes for each category.

Treasurer's Daytime Telephone No.: (206) 937-6203

Table with 3 columns: Description, Amount, Total. Rows include: 18. Cash on hand (7226.62), 19. Liabilities (0.00), 20. Balance (Surplus or deficit) (7226.62).

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

12/30/2001