Image# 201705319055163032				05/31/2017 11.30
FEC FORM 1	STATEMEN ORGANIZA	_		PAGE 1 / 4 —
			Offic	e Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
	ees Political Fund	4		
		A _ _ _ _ _		
	601 West First Avenue			
ADDRESS (number and street)	Suite 1600			
is changed)				
	Spokane		WA 9920	
	CITY A		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDF	ESS			
(Check if address is changed)	Mark.Benson@potlatch	-		
is changed)	Optional Second E-Mail Add			
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
	31 / 2017 NUMBER ► C CC	0041608		
	-			
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief it	is true, correct and c	complete.
-				
Type or Print Name of Treasu	rer Richards, Jerald, W., ,			
Signature of Treasurer	hards, Jerald, W., ,	[Electronically Filed]	Date 05	D D / Y Y Y Y 31 2017
NOTE: Submission of false, erro	neous, or incomplete information r ANY CHANGE IN INFORMATIC			enalties of 2 U.S.C. §437g.
Office		For further information c		
Use Only		Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion F	(Revised 06/2012)

05/31/2017 11 : 30

FEC Form 1 (Revised 02/2009) Page 2 TYPE OF COMMITTEE Candidate 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 of Candidate Party Affiliation Office Sought: (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.
Candidate 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 of Candidate Office Party Affiliation Office State District
 (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 of Candidate Office Sought: House Senate President District
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate
information below.) Name of Candidate Candidate Party Affiliation Office Sought: House Senate President District
Candidate Candidate Party Affiliation Office Sought: House Senate President District
Party Affiliation Sought: House Senate President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate Image: Candidate <th< td=""></th<>
Party Committee:
(d) This committee is a (National, State or subordinate) committee of the Publican, etc.) F
Political Action Committee (PAC):
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
Corporation Corporation w/o Capital Stock
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 fund or p 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.)
Joint Fundraising 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.
Committees Participating in Joint Fundraiser
1 FEC ID number
2 FEC ID number
3 FEC ID number
4 FEC ID number

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Write or Type Committee Name

Potlatch Employees Political Fund

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address	601 West First Avenue		
	Suite 1600		
	Spokane	WA 9	99201
	CITY	STATE	ZIP CODE
Relationship: x Connected	d Organization	Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Ider books and records.	tify by name, address (phone number op	ptional) and position of the perso	on in possession of committee
Full Name			
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	e treasurer of the committee; and	d the name and address of
Full Name Richards, of Treasurer	Jerald, W., , │		
Mailing Address	601 W. First Avenue		
	Suite 1600		
	Spokane	STATE	99201
Title or Position	CITY	SIAL	ZIP CODE
	Relationship: Connected Custodian of Records: Ident books and records. Ident Full Name Image: Connected Mailing Address Image: Connected Title or Position Image: Connected Image: Connected Image: Connected Treasurer: List the name and any designated agent (e.g., and any designated agent (e.g., and of Treasurer	Mailing Address Suite 1600 Spokane CITY Relationship: Connected Organization Affiliated Committee Custodian of Records: Identify by name, address (phone number or books and records. Full Name	Mailing Address Suite 1600 Spokane WA CITY STATE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Custodian of Records: Identify by name, address (phone number optional) and position of the persor books and records. Full Name

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Full Name of Designated Agent	Benson, Mark, , ,	
Mailing Address	601 W. First Avenue	
	Suite 1600	
	Spokane WA 99201	
	CITY STATE ZIP CODE	
Title or Position	rs Telephone number	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Uni	on Bank of California	
Mailing Address	PO Box 24512	
	Oakland	CA 94623
	CITY	STATE ZIP CODE
Name of Bank, Deposi	tory, etc.	
Mailing Address		
	CITY	STATE ZIP CODE