PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Dave Reichert PO Box 2032 ADDRESS (number and street) (Check if address is changed) Issaquah 98027 WA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kate@aspectcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.davereichertforcongress.com/ (Check if address is changed) DATE 2017 C00397737 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Lind, Kate, , , Type or Print Name of Treasurer Lind, Kate,,, [Electronically Filed] 01 18 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FEC Fo i	orm 1 (Revised 02/2009)	Page 2	
		COMMITTEE e Committee:		
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)		
(b)	ne of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candida	ate
	didate	Reichert, Dave, , ,		
	didate y Affiliatio		ate strict	WA 08
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Nam Can	e of didate			<u> </u>
Par	ty Con	mmittee: (National, State (Democ	oratio	
(d)			ican, etc.)	Party.
Poli	itical A	Action Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organizati	ion is a:
		Corporation Corporation w/o Capital Stock Labor	r Organiza	ation
		Membership Organization Trade Association Coop	erative	
		In addition, this committee is a Lobbyist/Registrant PAC.		
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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.)		
Join	nt Fund	draising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mocommittees/organizations, at least one of which is an authorized committee of a federal candidate.	ore politica	al
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mocommittees/organizations, none of which is an authorized committee of a federal candidate.	ore politica	al
	Com	nmittees Participating in Joint Fundraiser		
	1.	FEC ID number		
	2.	FEC ID number		
	3.	FEC ID number		
	4.			

FEC Form 1 (Revised 02	2/2009)	Page 3
Write or Type Committee Name		<u>_</u>
Friends of Dave	Reichert	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersl	hip PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	ndership PAC Sponsor
. Custodian of Records: Identi books and records.	ify by name, address (phone number optional) and position of the person in pos	session of committee
Lind, Kate,	,, ,,	
Mailing Address	8401 Excelsior Dr, Ste 103	
	Madison WI 53717	
Title or Position	CITY STATE	ZIP CODE
		807 - 1828
B. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the naissistant treasurer).	me and address of
Full Name Lind, Kate, , of Treasurer	, 	
Mailing Address	8401 Excelsior Dr, Ste 103	
1		
!	Madison WI 53717	
Title or Position Treasurer		ZIP CODE 807 - 1828

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes Name of Bank, Depo	ository, etc.	noids accounts, rents
safety deposit boxes Name of Bank, Depo	s or maintains funds.	noids accounts, rents
safety deposit boxes Name of Bank, Depo	s or maintains funds. ository, etc. Sank of America 1135 NW Gilman Blvd	
safety deposit boxes Name of Bank, Depo	Sor maintains funds. ository, etc. Bank of America 1135 NW Gilman Blvd STE F1	
safety deposit boxes Name of Bank, Depo	Sor maintains funds. ository, etc. Bank of America 1135 NW Gilman Blvd STE F1 Issaquah CITY STATE)27
safety deposit boxes Name of Bank, Depo	Sor maintains funds. ository, etc. Bank of America 1135 NW Gilman Blvd STE F1 Issaquah CITY STATE)27
safety deposit boxes Name of Bank, Depo	Sank of America 1135 NW Gilman Blvd STE F1 Issaquah CITY STATE Ository, etc.)27
safety deposit boxes Name of Bank, Depo	Sor maintains funds. ository, etc. Bank of America 1135 NW Gilman Blvd STE F1 Issaquah CITY STATE Ository, etc. Vells Fargo Bank, N.A.	027
safety deposit boxes Name of Bank, Depo	Sor maintains funds. ository, etc. Bank of America 1135 NW Gilman Blvd STE F1 Issaquah CITY STATE Ository, etc. Vells Fargo Bank, N.A.	227 ZIP CODE