

1. (a) Name of Committee (in Full)
Washington State Democratic Central Comm
(b) Address (Number and Street)
PO BOX 4027
(c) City, State and ZIP Code
SEATTLE WA 98104

2. Date
10/16/96
3. FEC Identification Number
CC0014439
4. Amended Statement
No

5. TYPE OF COMMITTEE (check one):

- N (a) This committee is a principal campaign committee (Complete info below)
N (b) This committee is an authorized committee, and is NOT a principal comm.

Name of Candidate Candidate Party Affiliation

Office Sought State/District

- N (c) This committee supports/opposes only one candidate
and is NOT an authorized committee.
N (d) This committee is a multicandidate committee of the state party.
N (e) This committee is a separate segregated fund.
N (f) This committee supports/opposes more than one Federal candidates and is
NOT separated fund nor a party committee.

6. Name of Any Connected Mailing Address and Relationship
Organization of Affiliated Committee ZIP Code

If the registering political committee has identified a "connected organization" above, please indicate type of organization:

N Corp N Corp W/O Cap. Stock N Labor Org N Member Org N Trade Ass. N Coop

7. Custodian of Records: Identify by name, address (phone number - optional) and position, the person in possession of committee books and records.

Full Name Mailing Address and Zip Code Title or Position
LINDA DODGE PO BOX 4027 COMPTROLLER
SEATTLE WA 98104

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name Mailing Address and Zip Code Title or Position
JOE NILSSON PO BOX 4027 Treasurer
SEATTLE WA 98104

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

Name of Bank, Depository, etc. Mailing Address and ZIP Code
KEY BANK 119 FIRST AVENUE SOUTH
SEATTLE WA 98104

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

JOE NILSSON
Type or Print Name of Treasurer

Joe Nilsson
Signature of Treasurer

10/16/96
Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of S.C. 479.

Information contacts: Federal Election Commission, 800-424-9530

FEC FORM 1 (3/

Federal Election Commission
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The Commission has added this page to the end of this filing to indicate how it was received.

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10-28-96

PREPARER

DATE PREPARED