

OPERATIONS CENTER

2004 AUG 31 P 12:06

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1 NAME OF COMMITTEE (as full) (Check if name is changed) Examples: by typing, type over the lines. 12FB4MS

12FB4MS

ADDRESS (number and street) 1607 134th St SE, Everett, WA 98203

(Check if address is changed) WA 98203-2005

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 08/30/2004

3. FEC IDENTIFICATION NUMBER

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Elizabeth Roote

Signature of Treasurer [Handwritten Signature] Date 08/30/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5427g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 15 DAYS

5. TYPE OF COMMITTEE (Check One)

- (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 _____

Candidate Party Affiliation _____ Office Sought: House Senate President State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation with Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

1A22. PA1

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

Full Name

Elizabeth F. Fote

Mailing Address

607 14th Street NW Suite 800

Washington DC 20005-2011

Title or Position

CITY

STATE

ZIP CODE

Elizabeth Fote

Telephone number

202-434-1558

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 of Treasurer

Elizabeth Fote

Mailing Address

607 14th Street NW Suite 800

Washington DC 20005-2011

Title or Position

CITY

STATE

ZIP CODE

Elizabeth Fote

Telephone number

202-434-1558

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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.

Citicorp PSE
 Mailing Address: 1000 E. Street NE
 Washington DC 20005
 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address: _____

 CITY STATE ZIP CODE

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 8-31-04
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>At</i> PREPARER	8-31-04 DATE PREPARED