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FEC FORM 1		OI	~~ ~~	IZATIO	OF ON		Office Use Or	ıly
1. NAME OF COMMITTEE (in	full)	[] (C	theck if name changed)		mple:If typing, type the lines.	12FE4	M5	
Andrew Hughe	s For Ço	pngress			<u></u>		للملطا	
	<u> </u>			الساليا	<u> </u>			أبابابا
ADDRESS (number a	nd street)	23632	Hwy 99,	Suite,F,,F	PMB 515	dankari-da	<u></u>	
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is changed)	,	Edmon	ids LLi		<u> </u>	MAJ	98026	
				СПУ		STATE	ZIP	CODE
COMMITTEE'S E-MA	IL ADDRES	S (Please (provide only o	one e-mail ad	dress)			
C Obode 5		campa	ign@an	drewhugt	nesforcongress.	com ; t		
(Check if is change		أ	! <u></u>		<u> </u>		<u> </u>	
COMMITTEE'S WEB	PAGE ADD	RESS (UR	R L)	·			•	
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is change					<u> </u>	<u> </u>		
2. DATE 07.	18	201	1	٠				. "
3. FEC IDENTIFIC	DATION NU	MBER			general production of general g		٠.	
4. IS THIS STATE	MENT 🛛	NEW	(N) O	R [AMENDED (A)	•		·· .
certify that I have	xamined thi	is Statemer	nt and to the	best of my	knowledge and belief	it is true, co	rrect and complete	9. '
Type or Print Name	of Treasurer	Heidi	Ann Har	kins				
Signature of Treasun	эr <u>(</u>	Heid	i Ha	whim	<u>) </u>	Date C	7 12	2011.
NOTE: Submission of					oject the person signing OULD BE REPORTED V			of 2 U.S.C. §437g.
Office Use Only			,		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100			FORM 1 1 02/2009)

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	FEC Fo	rm 1 (Revised 02/2009)	Page 2
5.	TYPE OF C		
	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. (Cominformation below.)	plete the candidate
	Name of Candidate	Andrew Hughes	
	Candidate Party Affiliation	on DEM Sought: House Senate President	State WA District 00
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Com	nmittee:	
	(d)		(Democratic, Republican, etc.) Party.
	Political A	ction Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a:
,		Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Asseciation	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(i)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyint/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fund	raising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	

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Write or Type Committee Na	ime	
Andrew Hughes For	Congress	
	d Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
N/A At This Time	<u> </u>	
Mailing Address		
-		
	*	1
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
Custodian of Records: ideabooks and records.	dentify by name, address (phone number - optional) and position of the pers	son in possession of committee
Full Name Andre	ew Hughes	
Mailing Address	5008 21st Avenue NE , , , , , , , , , , , , , , , , , ,	
	Seattle , , , , , , , , , , , , , , , , , , ,	1981,05, , _ , , ,
		hasalamalamalamad basalamadasuni
Title or Position	CITY STATE	ZIP CODE
Candidate,	Telephone number	
8. Treasurer: List the name any designated agent (e.g.	and address (phone number - optional) of the treasurer of the committee; and	nd the name and address of
arry designated agent (e.g.	i, assistant neasurery.	
Full Name Heidi	Ann Hankins	
Mailing Address	5008 21st Avenue NE , , , , , , , , , , , , , , , , , ,	1
Walling Address		
	Southo 1 MAA 1	i09105
	Seattle WA STATE	98105 -
Title or Position	·	211 0001
Treasurer	Telephone number	_

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Full Name of Designated Agent N/	/A At,This Time	
Mailing Address	1	
	CITY STATE	ZIP CODE
Title or Position		
Title of Fosition		
	Telephone number	
	Telephone number	
Banks or Other De	epositories: List all banks or other depositories in which the committee deposits funds,	
	epositories: List all banks or other depositories in which the committee deposits funds, s or maintains funds.	
Banks or Other De safety deposit boxes Name of Bank, Depo	epositories: List all banks or other depositories in which the committee deposits funds, s or maintains funds.	
Banks or Other De safety deposit boxes Name of Bank, Depo	e positories: List all banks or other depositories in which the committee deposits funds, s or maintains funds.	
Banks or Other De safety deposit boxes Name of Bank, Depo	epositories: List all banks or other depositories in which the committee deposits funds, sor maintains funds. pository, etc. ank of America - University Village Branch	
Banks or Other De safety deposit boxes Name of Bank, Depo	epositories: List all banks or other depositories in which the committee deposits funds, sor maintains funds. socitory, etc. sank of America - University Village Branch	

CITY

STATE

ZIP CODE

11030634487

Mailing Address

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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** 7/30/4 Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED