PAGE 1/5 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. Ritchie for Congress PO Box 2165 ADDRESS (number and street) (Check if address is changed) Issaquah 98027 WA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS abbot312@mac.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.RitchieForCongress.com (Check if address is changed) DATE 2015 C00550145 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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. Abbot Taylor Type or Print Name of Treasurer Abbot Taylor [Electronically Filed] 04 13 2015 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 Form 1 (Revised 02/2009)		Page 2
TYPE OF COMMITTEE Candidate Committee:		
(a) X This committee is a principal	campaign committee. (Complete the candidate information below.))
(b) This committee is an authorize information below.)	ed committee, and is NOT a principal campaign committee. (Com	plete the candidate
Name of Jason Ritchie Candidate		
Candidate Offi Party Affiliation DEM Sou	rice ught: X House Senate President	State WA District 08
(c) This committee supports/oppo	oses only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:	(National, State	(Democratic,
(d) This committee is a		Republican, etc.) Party.
Political Action Committee (PAC):		
(e) This committee is a separate	segregated fund. (Identify connected organization on line 6.) Its con	nnected organization is a:
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organiza	ation Trade Association	Cooperative
In addition, this	s committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/oppo committee. (i.e., nonconnected	oses more than one Federal candidate, and is NOT a separate sell committee)	egregated fund or party
In addition, this commit	ttee is a Lobbyist/Registrant PAC.	
In addition, this commit	ttee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:		
(6)	utions, pays fundraising expenses and disburses net proceeds for twast one of which is an authorized committee of a federal candidate.	vo or more political
	utions, pays fundraising expenses and disburses net proceeds for tw e of which is an authorized committee of a federal candidate.	vo or more political
Committees Participating in Joint	Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4 1 1 1 1 1 1 1 1 1 1 1	FEC ID number	

FEC Form 1 (Revised 0	02/2009)	Page 3
Write or Type Committee Name		<u> </u>
Ritchie for Cong	gress	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponso
. Custodian of Records: Ident books and records.	tify by name, address (phone number optional) and position of the person in p	ossession of committee
Abbot Taylo	or	
Mailing Address	349 16th Ave E #302	
•	1	
	Seattle WA 98112	
Title or Position	CITY STATE	ZIP CODE
Treasurer		218 - 3108
Treasurer: List the name and any designated agent (e.g., as	d address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	name and address of
any designated agent (e.g., as	ssistant treasurer).	name and address of
any designated agent (e.g., a	ssistant treasurer). or	name and address of
any designated agent (e.g., as	ssistant treasurer).	name and address of
any designated agent (e.g., as Full Name Abbot Taylo of Treasurer	ssistant treasurer). or 349 16th Ave E #302	name and address of
any designated agent (e.g., as Full Name Abbot Taylor of Treasurer	ssistant treasurer). or	name and address of

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Abagent Ab	bbot Taylor	
Mailing Address	349 16th Ave E #302	
	Seattle WA 98112 CITY STATE	ZIP CODE
Title or Position Treasurer		218 - 3108
safety deposit boxes Name of Bank, Depo	ository, etc.	accounts, rents
safety deposit boxes Name of Bank, Depo	s or maintains funds. ository, etc.	s accounts, rents
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safety deposit boxes Name of Bank, Depo Mailing Address Name of Bank, Depo	Sor maintains funds. ository, etc. Bank of America 800 Fifth Ave, Floor 36 Seattle CITY STATE	

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Form/Schedule: F1N Transaction ID:

efiled to supplement the paper form dated 2/16/2015, per David Garr's letter of 4/7/2015

Form/Schedule: Transaction ID: