RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
SEP 21 2 42 PM '99

Gloria Abbenhouse, Treasurer
39th Legislative District Democrats Organization
23431 Mamnatha Way
Arlington, WA 98223-9511
September 17, 1999

Federal Elections Commission
999 E Street N. W.
Washington, D.C. 20463

Re: New Officers

Good Morning.

Elections took place last evening for the offices of Treasurer and 2nd Vice Chair. Enclosed is the copy of the Public Disclosure Commission form indicating the results.

Thank you.

Very truly yours,

Gloria Abbenhouse

Gloria Abbenhouse, Treasurer

Encl: PDC form C1

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 403
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111

REGISTRATION: POLITICAL COMMITTEES

C1PC (1/93)

POSTMARK RECEIVED: SEP 21 2 12 PM '99

PDC OFFICE USE: RECEIVED FEDERAL ELECTION COMMISSION MAIL ROO

Committee Name (Show entire official name.): 27TH LEGISLATIVE DISTRICT DEMOCRATS ORG.

Acronym:

Mailing Address: 23431 MARANATHA WAY

City: ARLINGTON County: SNOHOMISH Zip + 4: 98223 - 7511

NEW REGISTRATION OR UPDATE OF PRIOR REGISTRATION?

☐ NEW. Complete all items in the registration.

☐ AMENDED: Supply the information below which has changed.

COMMITTEE STATUS

☒ Continuing committee

☐ 19____ election only; election date ____

1. What is the purpose or description of the committee?

☐ Bona Fide Political Party Committee (official state or county central committee or legislative district committee). If you are not supporting the entire party ticket, attach a list or specify here the names of the candidates you support. ____

☐ Ballot Committee (Initiative, Bond, Levy, Recall, etc.) Name or description of ballot measure: ____ Ballot Number ____ FOR ☐ AGAINST ☐

☐ Political Action Committee/ Political Club or Organization (including party clubs). If PAC is associated with a business, association, labor union, or similar entity, specify name: ____

☐ Other. Explain on attached sheet.

2. Related or affiliated committees. List name, address and relationship.

3. HOW MUCH DO YOU PLAN TO SPEND DURING THIS ENTIRE ELECTION CAMPAIGN, INCLUDING THE PRIMARY AND GENERAL ELECTIONS? BASED ON THAT ESTIMATE, CHOOSE ONE OF THE REPORTING OPTIONS BELOW. (If the committee is a continuing organization, estimate spending on a calendar year basis.)

If no box is checked you are obligated to use Full Reporting. See reporting instruction booklets for information about reports required and changing reporting options.

☐ ABBREVIATED REPORTING
We will use the Abbreviated Reporting System. We will raise and spend no more than $2,000 and will accept no more than $500 in the aggregate from any one contributor.

☐ FULL REPORTING
We will use the Full Reporting System. We understand this means we must file the frequent, detailed reports required by law.

4. Campaign Manager's or Media Contact's Name and Address — Daytime Telephone Number: ( )

5. Treasurer's Name and Address (List deputy treasurers on attached sheet.) — Daytime Telephone Number: (360) 435 4431

GLORIA ABERNATHY 23431 MARANATHA WAY ARLINGTON 98223

6. Committee's Principal Officers and/or Decision-Makers. List name, title, and address. Continue on attached sheet if necessary.

CHAIR SARA HOLLENBECK	33114 SULTAN BASIN RD	SULTAN 98292	360 793 0093
1st VICE CHAIR JIM BLOSS	17830 TESTER RD	SNOHOMISH 98290	360 794 3136
2nd VICE CHAIR DEBORAH PUTNAM	23819 OLD OWEN RD	MONROE 98272	360 794 3579
SECRETARY NANCY MOSLEY	2563 MOUNTAIN DR.	ARLINGTON 98223	360 403 3295

7. Campaign Bank or Depository.

FRONTIER BANK 815 AVE D SNOHOMISH WA 98290 360 568 9995

Branch: SNOHOMISH City: SNOHOMISH

8. Campaign records are to be open for public inspection the last eight days before the election. (Two hours daily between 8 AM – 5 PM, Monday – Friday.) Show location and hours below:

Street Address (Do not use a Post Office Box Number) Hours

9. Eligibility to Give to State Office Candidates: During the six months prior to making a contribution to a state office candidate, your committee must have received contributions of $10 or more from at least ten persons registered to vote in Washington State.

☐ A check here indicates your awareness of and pledge to comply with this provision. Absence of a check mark means your committee does not qualify to give to legislative and executive statewide candidates.

10. Signature and Certification. I certify that this statement is true, complete and correct to the best of my knowledge.

Committee Treasurer's Signature: Gloria Abernathy Date: 9/17/99

Need campaign finance forms and instructions for the reporting system selected?
Please check one of the following boxes:

☐ I already have forms and instructions.

☐ I will get forms and instructions from my county elections office.

☐ I want the Public Disclosure Commission to mail me the proper forms and instructions.

See instructions on reverse

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 9-17-99
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked and/or Date of Receipt
☐	Electronic Filing	
	PREPARER	9-21-99 DATE PREPARED

(4/98)