

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

The WISH List

ADDRESS (number and street)

333 N. Fairfax St.☒(Check if address
is changed)**Suite 302****Alexandria****VA****22314**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

patcarpenter@thewishlist.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

703-778-5554

2. DATE

M M
0 2/ D D
1 2/ Y Y Y Y
2 0 0 7

3. FEC IDENTIFICATION NUMBER

C C00258277

4. 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

Type or Print Name of Treasurer

Candace L. Straight

Signature of Treasurer

Electronically Filed by **Candace L. Straight**

Date

M M
0 2/ D D
1 2/ Y Y Y Y
2 0 0 7

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

Write or Type Committee Name

The WISH List

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 **Pat Carpenter**

Mailing Address **333 North Fairfax Street**

Suite 302

Alexandria **VA** **22314** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

President **703** **778** **5550**

Telephone number - -

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 **Candace L. Straight**

Mailing Address **333 North Fairfax Street**

Suite 302

Alexandria **VA** **22314** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer **703** **778** **5550**

Telephone number - -

Full Name of Designated Agent **Pat Carpenter**

Mailing Address **333 North Fairfax Street**

Suite 302

Alexandria **VA** **22314** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

President **703** **778** **5550**

Telephone number - -

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.

Bank of America, N.A.

Mailing Address

PO Box 25118

Tampa

FL

33622

5118

CITY ▲

STATE ▲

ZIP CODE ▲