FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instruct	Office use only		
NAME OF COMMITTEE (in fu	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
The WISH List				
ADDRESS (number and str	eet) 333 N. Fairfax St.			
(Check if addres	Suite 302			
X (Check if address is changed)	Alexandria		VA 22	2314   -
COMMITTEE'S E-MAIL	ADDRESS	CITY▲	STATE	ZIP CODE 📥
patcarpenter@t				1
1				
COMMITTEE'S WEB PA	AGE ADDRESS (URL)			
				1
2. DATE 0 2	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICAT	ON NUMBER	C C00258277		
4. IS THIS STATEME	NT X NEW (N) OR	AMENDED (A)		
I certify that I have examine	ed this Statement and to the best of my ki	nowledge and belief it is true, correct ar	nd complete	
Type or Print Name of Tr	easurer Candace L. Str	aight		
Signature of Treasurer	Electronically Filed by Candace	e L. Straight	Date 02	12 Y 2007
NOTE: Submission of false	e, erroneous, or incomplete information m	nay subject the person signing this Stat	•	.S.C. S437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	sion FE	C FORM 1 evised 02/2003)

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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 cainformation below.)	andidate		
	Name of Candidate			
	Candidate Party Affiliation Office Sought: House Senate President	State		
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate			
		emocratic, publican,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 fur committee.	nd or party		
6.	Name of Any Connected Organization or Affiliated Committee			
L				
	Mailing Address			
	CITY▲ STATE▲ Z	ZIP CODE 🛦		
	Relationship			
Type of Connected Organization:				
	Corporation Corporation w/o Capital Stock Labor Organization	on		
	Membership Organization Trade Association Cooperative			

Write or Type Committee Name  The WISH List  7. Custodian of Records: Identify by name, address, (phone number optional), and position						
. Custodian of Records: Identify by name, address, (phone number optional), and position						
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 <sub>_</sub>					
Title or Position ▼ CITY ▲ STATE ▲	ZIP CODE A					
President 70	03					
Full Name of Treasurer  Candace L. Straight  Mailing Address  333 North Fairfax Street						
Suite 302						
Alexandria	22314					
Title or Position ♥ CITY ▲ STATE ▲						
	ZIP CODE A					
Treasurer Telephone number	ZIP CODE <b>A</b>					
Treasurer  Telephone number  Full Name of Designated Agent  Pat Carpenter						
Full Name of Designated						
Full Name of Designated Agent Pat Carpenter						
Full Name of Designated Agent  Mailing Address  Telephone number  Telephone number  333 North Fairfax Street						
Full Name of Designated Agent  Mailing Address  Telephone number  Talephone number  Suite 302						

nks or Other Denositories:	List all hanks or other denositories in which the committee denosits funds, holds accounts, rents

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 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.

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