Image# 202201039474866115				01/03/2022 21 : 42
FEC FORM 1	STATEMEN ORGANIZ			PAGE 1 / 4 —
			Offi	ce Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Friends of Keith	Swank			
ADDRESS (number and street)	PO Box 731582			
<ul> <li>(Check if address is changed)</li> </ul>				
	Puyallup └────────────────────────────────────		WA 9837 └── └── └── STATE ▲	73 
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	keithrswank@gmail.co	<b>m</b> 		
	Optional Second E-Mail Add	dress OM		
COMMITTEE'S WEB PAGE AU	DDRESS (URL)			
	D / Y Y Y Y 2022			
3. FEC IDENTIFICATION N	IUMBER ► C C	00700161		
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 i	t is true, correct and	complete.
Type or Print Name of Treasur	er Perry, Tom, , ,			
Signature of Treasurer	y, <i>Tom</i> , , ,	[Electronically Filed]	Date 01	03 / Y Y Y Y Y 2022
NOTE: Submission of false, error		may subject the person signing ON SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FEC Form 1 (Revised 02/2009)         5. TYPE OF COMMITTEE         Candidate Committee:         (a)       Image: This committee is a principal campaign committee. (Complete the candidate information formation below.)         (b)       Image: This committee is an authorized committee, and is NOT a principal campaign committee information below.)         Name of Candidate       Swank, Keith, , ,	e. (Complete the candidate State WA dent 10
<ul> <li>Candidate Committee:         <ul> <li>(a) This committee is a principal campaign committee. (Complete the candidate information</li> <li>(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)</li> </ul> </li> <li>Name of Swank, Keith,</li> </ul>	e. (Complete the candidate State WA dent 10
<ul> <li>(a) </li> <li>(b) </li> <li>This committee is a principal campaign committee. (Complete the candidate information this committee is an authorized committee, and is NOT a principal campaign committee information below.)</li> <li>Name of </li> <li>Swank, Keith,</li> </ul>	e. (Complete the candidate State WA dent 10
<ul> <li>(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)</li> <li>Name of Swank, Keith,</li> </ul>	e. (Complete the candidate State WA dent 10
Name of Swank, Keith, , ,	State WA dent 10
Name of Swank, Keith, , , Candidate	dent 10
	dent 10
Candidate REP Office Sought: X House Senate Presi	District
(c) This committee supports/opposes only one candidate, and is NOT an authorized commi	ttee.
Name of         Candidate         Image: Candidate <th< td=""><td></td></th<>	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.)	Its connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a sepa committee. (i.e., nonconnected committee)	arate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, at least one of which is an authorized committee of a federal can	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate.	ls for two or more political
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2 FEC ID number C	
3 FEC ID number	
4 FEC ID number	

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Write or Type Committee Name

## Friends of Keith Swank

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address				
	CI	ТҮ	STATE	ZIP CODE
Relationship: Connected	Organization	Committee Joint Fundrai	sing Representative	Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Perry, Ton	n, , ,
Full Name	
Mailing Address	3718 19th Avenue Ct SE
	Puyallup         WA         98372           -         -         -         -
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number     253     988     2455

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	Perry, Tom, , ,
Mailing Address	3718 19th Avenue Ct SE
	Puyallup
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number     253     988     2455

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Full Name of Designated Agent																	1			1			I		1			_
Mailing Address																												
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									CI	ΓY								ST/	λΤΕ				ZI	> C	OD	Ε		
Title or Position																												
													Tele	eph	ione	e ni	umt	ber			_							

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.

Red Ca	anoe Credit Union	
Mailing Address	PO Box 3020	
	Longview	WA 98632
	CITY	STATE ZIP CODE
Name of Bank, Depository,	etc.	
Mailing Address		
	CITY	STATE ZIP CODE