Image# 201902019145458152			02/01/2019 22 : 31									
FEC	STATEMEI ORGANIZ			PAGE 1 / 4 ——								
FORM 1				Office Use Only								
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5									
COMMITTEE (in full)	is changed)	over the lines.										
		:RS										
ADDRESS (number and street)	25 W Main Ave.											
(Check if address	Suite 300											
is changed)			WA99	9201								
			L L	− L ZIP CODE ▲								
COMMITTEE'S E-MAIL ADDF												
(Check if address	INFO@EWVOTERS.C	RG										
is changed)												
	Optional Second E-Mail Ad	dress										
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)											
2. DATE 02	01 / Y Y Y Y 2019											
3. FEC IDENTIFICATION	NUMBER ► C c	00427575										
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)										
certify that I have examined	this Statement and to the best	of my knowledge and belief	it is true, correct ar	d complete.								
Type or Print Name of Treasu	rer Burke, Bryan, E, ,											
Signature of Treasurer	rke, Bryan, E, ,	[Electronically Filed]	Date 02	/ D D / Y Y Y Y 01 2019								
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED		e penalties of 2 U.S.C. §437g.								
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)								

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FEC F	Form 1 (Revised 02/2009) Page 2
TYPE OF	COMMITTEE
Candida	te Committee:
(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 candidate information below.)
Name of Candidate	
Candidate Party Affilia	ation Office Sought: House Senate President District
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	ommittee:
(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
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fur	ndraising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Со	mmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

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Write or Type Committee Name

EASTERN WASHINGTON VOTERS

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

NONE																															
Mailing Address					L																										
					L																										
					L																		L					-	L		
												С	ITY	,						S	TA	ΓE			Ā	ZIP	, C	OD	θE		
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor												sor																			

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

Burke, Bry	an, E, ,
Full Name	
Mailing Address	25 W. Main Ave., #300
	Spokane WA 99201
Title or Position	CITY STATE ZIP CODE
	Telephone number 509 330 1793

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	Burke, Bryan, E, ,
Mailing Address	25 W. Main Ave., #300
	Spokane
	CITY STATE ZIP CODE
Title or Position	Telephone number 509 - 330 - 1793

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Burke, Bryan, , ,
Mailing Address	25 W. Main Ave
	Suite 300
	Spokane WA 99201 Image: Imag
	CITY STATE ZIP CODE
Title or Position	
	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.

1			
Mailing Address	502 W Riverside Ave		
	Spokane	WA 99201	
	CITY	STATE ZIP CODE	
Name of Bank, De	pository, etc.		
L			
Mailing Address			
	CITY	STATE ZIP CODE	