FEC FORM 1	STATEMEN ORGANIZA		FEC MAI 2008 JUN -	EIVED CENTER 7 4 AM 8: 03
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Campaign to	Elect Mark M	ays		
ADDRESS (number and street)	P. D. Box 306		I.d. I.,	<u></u>
(Check if address is changed)	LSpokane		WA 9	9,2,2,3]-[]
COMMITTEE'S E-MAIL ADDRE			STATE	
			<u></u>	
committee's web page ac h+tp://vote ma	DRESS (URL) IEK Mays, COM		·. :	
	<u> </u>			······································
COMMITTEE'S FAX NUMBER	• • • • • • •	n de la serie de la serie No serie de la s No serie de la s	ه ۲۰۰۰ ^۲ بور ۲۰۰۰ ۲۰۰۰	
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	9 2008			
3. FEC IDENTIFICATION N		n a sama tanta bir		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief i	t is true, correct an	d complete.
Type or Print Name of Treasure	THERESA	NOACK		
Signature of Treasurer	Theresa Moa	k	Date 05	12008
NOTE: Submission of false, error	ANY CHANGE IN INFORMATIC			penalties of 2 U.S.C. §437g.
Office Use Only FE3AN042.PDF		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 12/2007)

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Page 2	2
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		OMMITTEE
Car		e Committee:
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	D	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	ne of didate	MARKMANS
	didate y Affiliati	on DEM Office State WA Sought: X House Senate President District 0.5
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Cano	ie of didate	
Par	ty Con	nmittee:
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.
Poli	itical A	ction 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
		Membership Organization Trade Association Cooperative
(f)		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 Leadership PAC. (Identify sponsor on line 6.)
		in and a second se
Join	nt Fund	Iraising Representative:
(g)	\Box	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.
	Com	mittees Participating in Joint Fundraiser
	Com	فالمعطوب حداد بعدالهما بالمردب بكالعامين المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع
	1.	
	2.	
	3.	
	4.	FEC ID number
	5.	
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Write or Type Committee Name

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6.	Name of Any Connected O	rganization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative
L	NONE 	
L		
	Mailing Address	
	-	
		CITY STATE ZIP CODE
	Relationship:	
	Connected Organization	Affiliated Committee Leadership PAC Sponsor Joint Fundraising Representative
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in possession of committee
		ESANOACK
	Mailing Address	1403 S. GRAND BLVD.
		SUITE # 102-S
		[S, P, O, K, A, N, E,] [WA] [9,9,2,0,3]-[]
		CITY STATE ZIP CODE
	TREASURER	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee: and the name and address of assistant treasurer).
	Full Name THER of Treasurer	ESA NOACK
	Mailing Address	1403 S GRAND BLVD
		$[S_{U}I,T,E], #102-S$
		SPOKANE WA 199203-L
	Title or Position	CITY STATE ZIP CODE
	TREASURER	Telephone number $509 - 624 - 4200$
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Title or Position													1					T -1	eph						t		_	۱_				1-1			_
											СП	ΓY				STATE											ZIP CODE								
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Full Name of Designated Agent	Ļ	1	 1		_1_	_ i _	<u> </u>			<u>.</u>	1		_1_	ł	L_	I	1.		1	1		1		.i.,		1	-4	_}	_	<u> </u>	<u> </u>	<u> </u>	1		_ i

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 o	of Ban	k, De	posito	у,	etc.
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	INLAND NORTHWEST BANK	
Mailing Address	421 W. RIVERSIDE AVE.	
		<u></u>
	SPOKANE	WA 99201
	CITY	STATE ZIP CODE
Name of Bank, I	Depository, etc.	
Malling Address		
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	CITY	STATE ZIP CODE

Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR I The FEC added this page to the end of this filing	NCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 5/30/17
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signa	ture Confirmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Ne Ne	ext Business Day Delivery
Received from House Records & Registration (Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Imp	6/0/08
PREPARER (3/2005)	DATE PREPARED