RECEIVED

FORM 1

STATEMENT OF **ORGANIZATION**

2011 FEB -7 AM 11: 22 FEC MAIL CENTER

				Office Use Only
NAME OF COMMITTEE (in full)	(Check if name . is changed)	Example:If typing, type over the lines.	12FE4M5	• •
KIIS PARTY	OF WASHIL NG	TION SITIATIE		
		<u>1 1 1 1 1 1 1 1 1 1 </u>		
ADDRESS (number and street)	1325 4114	AVE		
(Check if address	#11744			
is changed)	SEATTLE		WA L	9811011-12528
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRI	ESS (Please provide only one ε	e-mail address)		
(Check if address	VOITIEKISE	SIMIAILILI- COMI		ليبينين
is changed)		1-11111		
COMMITTEE'S WEB PAGE AI	ODRESS (URL)			
	KIISPARTY.	10 R 6 1 1 1		
(Check if address is changed)		<u> </u>		
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3. FEC IDENTIFICATION N	IUMBER C	•		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the bes	t of my knowledge and belief	it is true, correct	and complete.
Type or Print Name of Treasur	er RICHARD	S. McCorm	ict	
Signature of Treasurer	2005 V	46-7	Date 0 Z	o 2 a o i i
NOTE: Submission of false, error	•	may subject the person signing		he penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	FEC Fo	rm 1 (Revised 02/2009)	Page 2					
	TYPE OF C	OMMITTEE						
	Candidate	date Committee:						
	(a) X	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. (Cominformation below.)	plete the candidate					
•	Name of Candidate	RICHARD, S. MCCORMICK						
	Candidate Party Affiliati	on KTS Office Sought: House Senate X President	State District					
	(c) X	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate	RICHARD S MCCORMICK						
	Party Committee:							
	(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.					
	Political A	ction Committee (PAC):						
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:					
		Corporation w/o Capital Stock	Labor Organization					
		Membership Organization Trace 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 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 Fundraising Representative:							
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political					
	Committees Participating in Joint Fundraiser							
	1.	FEC ID number C						
	2.	FEC ID number C						
	3.	FEC ID number C						
	4.							

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٧	Vrite or Type Comr	mittee Nam	e			
6.	Name of Any C	Connected (Organization, Aff	iliated Committee, Join	t Fundraising Represent	tative, or Leadership PAC Sponsor
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L						
	Mailing Address					
						السلام
				CITY `	STA	TE ZIP CODE
	Relationship:	Connecte	d Organization	Affiliated Committee	Joint Fundraising Repr	esentative Leadership PAC Sponsor
	Full Name Mailing Address Title or Position			CITY	STAT	A 9.8.1.0.1 - 2.5.2.8
8.	Treasurer: List the any designated a				he treasurer of the comr	nittee; and the name and address of
	Full Name of Treasurer	Rici	HAIRIDI IS	MICICIOIRIMIN	C.K	
	Mailing Address		11312151-1	4 THI AVE		
			#1744			
	-		SEATT	CITY	STAT	
,	Title or Position	REE			Telephone number	2021-6,26-0,263

9.

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Full Name of Designated Agent						
Mailing Address						
		1111111				
	CITY	STATE	ZIP CODE			
Title or Position		1				
	Tel	ephone number	LJ-L ₁₋₁₋			
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.						
[C , H , A ,	S _E					
Mailing Address	11401-51H AVE					
		<u></u>				
	SEATILE .	U₁A	<u> </u>			
	CITY	STATE	ZIP CODE			
Name of Bank, Depository, etc.						
لسا						
Mailing Address						
•		ليا ليا				
	CITY	STATE	ZIP CODE			

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Hand Delivered Postmarked	t
Postmarked	
USPS First Class Mail	
USPS Registered/Certified Postmarked (R/C	/C)
USPS Priority Mail	
Delivery Confirmation™ or Signature Confirmation™ Label	
USPS Express Mail	
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	
Next Business Day Delivery	
Date of Receipt Received from House Records & Registration Office	
Date of Receipt Received from Senate Public Records Office	•
Date of Receipt Received from Electronic Filing Office	· · · · · · · · · · · · · · · · · · ·
Other (Specify):	ed
2/1/1)	
PREPARER DATE PREPARE (3/2005)	RED