FEC FORM 1	STATEMEI ORGANIZ		PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
			<u> </u>
ADDRESS (number and street	1207 N LANDING WAY #113	5 	
(Check if address is changed)			WA 98057 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADD	RESS		
(Check if address is changed)	DAWGPERRY@GMA	IL.COM	
	Optional Second E-Mail Ad	dress DTT.COM	
 (Check if address is changed) 			
2. DATE 07	01 / Y Y Y Y 01 2022		
3. FEC IDENTIFICATION	NUMBER ► C c	00819664	
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
I certify that I have examine	d this Statement and to the best	of my knowledge and belief in	t is true, correct and complete.
Type or Print Name of Treas	urer PERRY, THOMAS, , ,		
Signature of Treasurer	ERRY, THOMAS, , ,	[Electronically Filed]	Date 07 05 2022
NOTE: Submission of false, er		may subject the person signing TION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

Image# 202207059517792191

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	w.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Co	omplete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
(d) This committee is a	Democratic, lepublican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	s 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 separate committee. (i.e., nonconnected committee)	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.)	
(g) X This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts	(Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political

(i) committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1.

2.

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Relationship:

7.

Connected Organization

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	FEC Form 1 (Revised 0	2/2009)																									Paç	ge 🕻	3		
٧	Nrite or Type Committee Name																															
	EVERGREEN	PRI	NC		٦L	E	S I	PA	40	2																						
6.	Name of Any Connected Of NONE	rganiza	ation,	, Aff	iliate	ed (Com	nmit	tee	e, Jo	oin [.]	t Fu	uno	drai:	sin	g R	lep	res	en	ati	ve,	or	Le	ad	lers	ship	D P	AC	Sp	ons	sor	
	Mailing Address																															

1

CITY

Affiliated Organization

books and records.	
Μ	/ARENO, CRAIG, , ,
Full Name	
Mailing Address	1207 N LANDING WAY #1135

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

STATE

Joint Fundraising Representative

ZIP CODE

Leadership PAC Sponsor

REI	NTON	WA	98057
		STATE	▲ ZIP CODE ▲
Title or Position ▼			
CUSTODIAN OF RECORDS		phone number	

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	PERRY, THOMAS, , ,
of Treasurer	
Mailing Address	3718 19TH AVENUE CT SE
	PUYALLUP WA 98372 Image: I
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
TREASURER	Image:

FEC Form 1 (Revised 02	2/20	009)																		F	Pag	e 4	1		
Full Name of Designated Agent														1											1	
Mailing Address																										
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Title or Position ▼																										
										Tele	əph	one	e n	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.

Mailing Address			
			01
	CITY 🔺	STATE 🔺	ZIP CODE
Name of Bank, D	epository, etc.]
Mailing Address			
	CITY 🔺	STATE 🔺	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

This committee intends to make independent expenditures and, consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: