

2006 JUL 10 A 10:19

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

GOLDMARK FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 1512

(Check if address
is changed)

SPOKANE

WA

99210-1512

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

BOB@VOTEPETERGOLDMARK.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

VOTEPETERGOLDMARK.COM

COMMITTEE'S FAX NUMBER

2. DATE

06 22 2006

3. FEC IDENTIFICATION NUMBER ▶

C00417535

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 it is true, correct and complete.

Type or Print Name of Treasurer

JOHN FENTON ROSKELLEY

Signature of Treasurer

Date

06 30 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (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 PETER J. GOLDMARK

Candidate Party Affiliation DEM Office Sought: House Senate President State WA District 05

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

 _____-_____
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

2603911288

Write or Type Committee Name

GOLDMARK FOR CONGRESS

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

Full Name ROBERT P. GOLDSTEIN

Mailing Address P.O. BOX 1512

SPOKANE WA 99210

Title or Position CITY STATE ZIP CODE

ASST. TREASURER Telephone number 509-838-4888

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 JOHN FENTON ROSKELLEY

Mailing Address P.O. BOX 1512

SPOKANE WA 99210

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 509-838-4888

Full Name of Designated Agent ROBERT P. GOLDSTEIN

Mailing Address P.O. BOX 1512

SPOKANE WA 99210

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 509-838-4888

26039111297

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.

WASHINGTON MUTUAL BANK

Mailing Address

13 N. ASH

OMAK WA 98841

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address


CITY ▲

STATE ▲

ZIP CODE ▲

25039111299

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	7/10/06
PREPARER	DATE PREPARED

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