

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Officer Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Effective Government Committee

ADDRESS (Home or street) 907 14th Street, N.W.
 (Check if address is changed) Suite 800
 Washington DC 20005
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

PLGroup@perkinscoie.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 07 / 24 / 2002

3. FEC IDENTIFICATION NUMBER C00190876

4. IS THIS STATEMENT NEW (N) OR X 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 **Michael Mattoon**

Signature of Treasurer Electronically Filed by **Michael Mattoon** Date 07 / 24 / 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.
 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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 _____

| | | | | | |
|-------------------|---------|-------|--------|-----------|----------|
| Candidate | Office | | | | State |
| Party Affiliation | Sought: | House | Senate | President | District |

- (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 |

Write or Type Committee Name

Effective Government Committee

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 _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone 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 of Treasurer **Michael Mattoon**

Mailing Address **607 14th Street, N.W.**

Suite 800

Washington DC 20005 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number _____ - _____ - _____

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____ - _____ - _____

