

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

| | |
|--|---|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) MARIA CANTWELL FOR CONGRESS | 2. DATE Feb. 20, 1999 |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 904 7th Ave. SO | 3. FEC IDENTIFICATION NUMBER C00260869 |
| (c) City, State and ZIP Code Edmonds, WA 98020 | 4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

FEB 26 11 52 AM '99

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 Party Affiliation | Office Sought | State/District |
| | | | |

(c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

(d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

(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 a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|------------------------------|--------------|
| | | |

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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 MARIA CANTWELL | Mailing Address 904 7th Ave. So Edmonds, WA 98020 | Title or Position Candidate |
|------------------------------------|--|---------------------------------------|

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 MARIA CANTWELL | Mailing Address 904 7th Ave. So Edmonds, WA 98020 | Title or Position Treasurer |
|------------------------------------|--|---------------------------------------|

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. US BANK | Mailing Address and ZIP Code P.O. Box 64799 Saint Paul, MN 55164 |
|--|---|

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 MARIA CANTWELL | SIGNATURE OF TREASURER | DATE Feb. 20, 1999 |
|---|----------------------------|-----------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §497g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-378-3120

FEC FORM 1

(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

| | |
|---|--------------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input checked="" type="checkbox"/> Registered/Certified Mail | POSTMARKED 2-22-97 |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
| <i>J.M.L.</i> PREPARER | 2-26-97 DATE PREPARED |