

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See instructions)

Office Use Only

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

The Washington Fund

ADDRESS (Number and street) (Check if address is changed) PD Box 53393 Bellevue WA 98015

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

EM.Porter@Verizon.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 06 / 20 / 2002

3. FEC IDENTIFICATION NUMBER C00312579

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 Connie Meyers

Signature of Treasurer Electronically Filed by Connie Meyers Date 06 / 20 / 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

**The Washington Fund**

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 Ellen Porter

Mailing Address 20827 36th Pl. W.

Lynnwood WA 98036 -     

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Custodian Telephone number 206 - 714 - 9935

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 Connie Meyers

Mailing Address PO Box 53393

Bellevue WA 98015 -     

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 206 - 714 - 9935

Full Name of Designated Agent Ellen Porter

Mailing Address PO Box 53393

Bellevue WA 98015 -     

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Asst. Treasurer Telephone number 206 - 714 - 9935

