

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

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

12FE4M5

Friends of Gale Duane Lawton

ADDRESS (number and street)  (Check if address  
is changed) 32081 Rosemary Street

Winchester

CA

92596

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed) thatdudegale@gmail.com

Optional Second E-Mail Address

thatdudegale@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)2. DATE  /  / 3. FEC IDENTIFICATION NUMBER ► 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 Lawton, Gale, Duane, ,

Signature of Treasurer Lawton, Gale, Duane, ,

Date  /  / NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)



Write or Type Committee Name

**Friends of Gale Duane Lawton****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  Leadership PAC Sponsor**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

Lawton, Gale, Duane, ,

Mailing Address

32081 Rosemary Street

CA

92596

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Candidate

Telephone number

951 - 576 - 8570

**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

Lawton, Gale, Duane, ,

Mailing Address

32081 Rosemary Street

CA

92596

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

951 - 576 - 8570

Full Name of  
Designated  
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

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.

Coastal Community Bank

Mailing Address

P.O. Box 12220

Everett

WA

98203

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 A=G7 9 @ B9 C1 G H9 L H F9 @ H9 8 H C 5 F9 D C F H Z G7 < 98 I @ C F H 9 A = N5 H C B

**Form/Schedule:** F1N

**Transaction ID :**

Gale Duane Lawton

**Form/Schedule:**

**Transaction ID:**