

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Ofc. Use Only

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

ADDRESS (Home or street) PO Box 1727
 (Check if address is changed) Seattle WA 98111
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
phil@soundbiz.net

COMMITTEE'S WEB PAGE ADDRESS (URL)
none

COMMITTEE'S FAX NUMBER
2069377883

2. DATE 06 / 27 / 2005

3. FEC IDENTIFICATION NUMBER **C C00401851**

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 **Philip Lloyd**

Signature of Treasurer Electronically Filed by **Phillip Lloyd** Date 06 / 27 / 2005

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

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100

FEC FORM 1
(Revised 02/2003)

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: Dave Ross

Candidate Party Affiliation	DEM	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	WA
						District	6

- (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:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative

Write or Type Committee Name

Friends of Dave Ross

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 Philip Lloyd

Mailing Address PO Box 1272

Seattle WA 98111 - 1727

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 206 - 932 - 8878

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 Philip Lloyd

Mailing Address PO Box 1727

Seattle WA 98111 - 1727

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 206 - 932 - 8878

Full Name of Designated Agent Philip Lloyd

Mailing Address PO Box 1727

Seattle, WA 98111 - 1727

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 206 - 932 - 8878

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.

Bank of America

Mailing Address

2830 80th Ave Se

Mercer Island

WA

98040

CITY Δ

STATE Δ

ZIP CODE Δ