

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

SEP 23 9 29 AM '96

1. (a) NAME OF COMMITTEE IN FULL DEMOCRACY COMMITTEE	☐ (Check if name is changed)	2. DATE 9-18-96
(b) Number and Street Address 1018 S. MILL APT. 7	☐ (Check if address is changed)	3. FEC Identification Number
(c) City, State and ZIP Code COLFAX, WA.		4. Is This Report An Amendment? ☐ YES ☐ NO

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 LARRY BAKER	Candidate Party Affiliation DEMOCRAT	Office Sought PRESIDENT	State/District
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- ☐ (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 LARRY BAKER	Mailing Address 1018 S. MILL APT 7	Title or Position CUSTODIAN
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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 LARRY BAKER	Mailing Address 1018 S. MILL APT. 7	Title or Position TREASURER
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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.	Mailing Address and ZIP Code
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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 LARRY BAKER	SIGNATURE OF TREASURER <i>Larry L. Baker</i>	DATE 9-18-96
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FE6AN053

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.

☐ Hand Delivered

DATE OF RECEIPT

☒ First Class Mail

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☐ Registered/Certified Mail

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and Registration

DATE OF RECEIPT

☐ Received from the Senate Office of Public
Records

DATE OF RECEIPT

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SLs

PREPARER

9-23-96

DATE PREPARED