

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION

Nov 29 3 45 PM '99

|   |  |
|---|--|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)<br><span style="font-size: 1.5em; font-family: cursive;">LHIS 2000</span>    | 2. DATE<br><span style="font-size: 1.5em; font-family: cursive;">11.19.99</span>                       |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed)<br><span style="font-size: 1.5em; font-family: cursive;">P.O. Box 153</span> | 3. FEC Identification Number   |
| (c) City, State and ZIP Code<br><span style="font-size: 1.5em; font-family: cursive;">MUKILTEO, WA 98275</span>   | 4. Is This Report An Amendment?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> 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<br><span style="font-size: 1.5em; font-family: cursive;">ERIC JOHN LHIS</span> | Candidate Party Affiliation<br><span style="font-size: 1.5em; font-family: cursive;">DEMOCRAT</span> | Office Sought<br><span style="font-size: 1.5em; font-family: cursive;">U.S. House</span> | State/District<br><span style="font-size: 1.5em; font-family: cursive;">WA/2</span> |
|--|--|--|---|

- (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<br><span style="font-size: 1.5em; font-family: cursive;">KATHRYN LOUISE FIECHTL</span> | Mailing Address<br><span style="font-size: 1.5em; font-family: cursive;">P.O. Box 153, Mukilteo, WA 98275</span> | Title or Position<br><span style="font-size: 1.5em; font-family: cursive;">TREASURER</span> |
|--|--|---|

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<br><span style="font-size: 1.5em; font-family: cursive;">KATHRYN LOUISE FIECHTL</span> | Mailing Address<br><span style="font-size: 1.5em; font-family: cursive;">P.O. Box 153, Mukilteo, WA 98275</span> | Title or Position<br><span style="font-size: 1.5em; font-family: cursive;">TREASURER</span> |
|--|--|---|

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.<br><span style="font-size: 1.5em; font-family: cursive;">WINSBORO MUTUAL</span> | Mailing Address and ZIP Code<br><span style="font-size: 1.5em; font-family: cursive;">3905 HARBOUR POINT BLVD. SW<br/>MUKILTEO, WA 98275</span> |
|--|---|

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<br><span style="font-size: 1.5em; font-family: cursive;">KATHRYN LOUISE FIECHTL</span> | SIGNATURE OF TREASURER<br><span style="font-size: 1.5em; font-family: cursive;">Kathy Fiechtl</span> | DATE<br><span style="font-size: 1.5em; font-family: cursive;">11.19.99</span> |
|--|--|---|

NOTE: Submission of false, untruthful, 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

FE9AN044

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 checked="" type="checkbox"/> First Class Mail                                | POSTMARKED<br>11-23-89               |
| <input type="checkbox"/> Registered/Certified Mail                                  | POSTMARKED                           |
| <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<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |                                      |
| <i>JM W</i><br>PREPARER   | 11-24-89<br>DATE PREPARED            |