

FEC
FORM 1

STATEMENT OF ORGANIZATION

PAGE 1 / 5
RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
2018 JAN -5 AM 11:00
Office Use Only

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

12FE4M5

Elect Dave Strider for US Senate

ADDRESS (number and street) PO BOX 8777
 (Check if address is changed)
TACOMA WA 98419
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) DAVESTRIDERFORUSSENATE@GMAIL.COM
Optional Second E-Mail Address
DAVE-STRIDER@HOTMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) DAVESTRIDERFORUSSENATE.COM

2. DATE 12 / 22 / 2017

3. FEC IDENTIFICATION NUMBER C

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 STRIDER, DAVID, LEE, ,

Signature of Treasurer STRIDER, DAVID, LEE, , Date 12 / 22 / 2017

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.

125000002050108103

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 STRIDER, DAVID, LEE, ,

Candidate Party Affiliation: IND Office Sought: House Senate President State: WA District: 00

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

20180105020000522

Write or Type Committee Name

Elect Dave Strider for US Senate

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 Committee 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 STRIDER, DAVID, LEE, ,

Mailing Address 4712 COURT R

TACOMA WA 98404

Title or Position

CITY

STATE

ZIP CODE

TREASUER

Telephone number 253 - 238 - 1771

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 STRIDER, DAVID, LEE, ,

Mailing Address 4712 COURT R

TACOMA WA 98404

Title or Position

CITY

STATE

ZIP CODE

TREASUER

Telephone number 253 - 238 - 1771

20160105020000523

Full Name of Designated Agent

STRIDER, DAVE, . .

Mailing Address

4712 COURT R

TACOMA

WA

98404

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

253

238

1771

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.

BECU

Mailing Address

5985 6th AVE

TACOMA

WA

98499

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201801050200000524

5(g) or (h). **Joint Fundraising Participant:**

1. _____
 2. _____
 3. _____
 4. _____

FEC ID number **C** _____
 FEC ID number **C** _____
 FEC ID number **C** _____
 FEC ID number **C** _____

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

Mailing Address

 _____ - _____

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name STRIDER, JIDAPA, , _____

Mailing Address 4712 COURT R _____

TACOMA WA 98404 _____
 _____ - _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

ASST TREASUER _____

Telephone Number 253 - 238 - 1771

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

 _____ - _____

CITY ▲

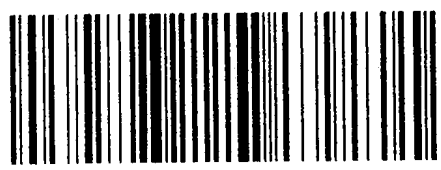
STATE ▲

ZIP CODE ▲

20160105020000525

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8777
WA
2018010502000052

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**RETURN RECEIPT
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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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USPS EXPRESS MAIL _____
Postmark

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FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

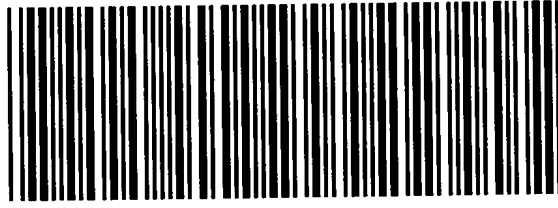
POSTMARK ILLEGIBLE NO POSTMARK

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Date of Receipt

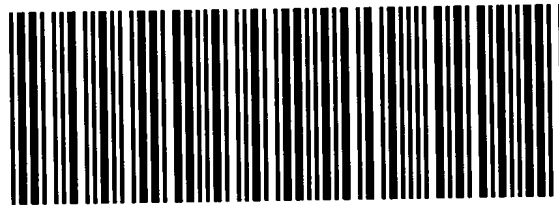
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Date of Receipt or Postmark

PREPARER DH DATE PREPARED 1-5-18

20180105020000527



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SEN PATCH

201801050200000528