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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Stark For Congress

ADDRESS (number and street)

13304 157th AVE NE

(Check if address
is changed)

Redmond WA 98057

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

doestark@starkforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.starkforcongress.com

COMMITTEE'S FAX NUMBER

2. DATE

06 02 2003

3. FEC IDENTIFICATION NUMBER ▶

10

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

Richard Deposit

Signature of Treasurer

Richard Deposit

Date

06 02 2003

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

For further information contact:
Federal Election Commission
Toll Free 800-424-0000
Local 202-654-1100

FEC FORM 1
(Revised 02/03)

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

Reigna Stark, MD

Candidate Party Affiliation

REP.

Office Sought

House

Senate

President

State

MD

District

01

- (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.

B. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

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 Marvin J. Me

Mailing Address 1011 E. Market St. Suite 7

Kirkland WA 98033

Title or Position _____ CITY _____ STATE WA ZIP CODE 98033

Custodian Telephone number 425-839-2400

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 Richard Dispiriti

Mailing Address 3927 Lakeside Drive

Kirkland WA 98033

Title or Position _____ CITY _____ STATE WA ZIP CODE 98033

Richard Dispiriti Telephone number 425-839-1996

Full Name of Designated Agent _____

Mailing Address _____

Title or Position _____ CITY _____ STATE _____ ZIP CODE _____

_____ Telephone number _____

6. 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.

[Empty line for Name of Bank, Depository, etc.]

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Empty line for Name of Bank, Depository, etc.]

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

