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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

CRIST FOR CONGRESS CAMPAIGN

ADDRESS (number and street) 1910 4th AVE EAST

☐ (Check if address is changed) PMB 54

OLYMPIA WA 98506-4632

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

X (Check if address is changed) CRISTFORCONGRESS@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed) WWW.CRISTFORCONGRESS.US

2. DATE 03 / 10 / 2010

3. FEC IDENTIFICATION NUMBER C00443853

4. IS THIS STATEMENT ☐ NEW (N) OR X 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 Suzanne DeLacey

Signature of Treasurer Suzanne DeLacey Date 03 / 10 / 2010

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.

Office Use Only				

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

FEC FORM 1
(Revised 02/2009)

10030270590

5. TYPE OF COMMITTEE

Candidate Committee:

(a) [X] 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: CHERYL A CRIST

Candidate Party Affiliation: DEM

Office Sought: [X] House [ ] Senate [ ] President

State: WA

District: 03

(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

10030270591

Write or Type Committee Name

CRIST FOR CONGRESS CAMPAIGN

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

Mailing Address

CITY STATE ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

10030270592

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: CHERYL A CRIST

Mailing Address: 1910 4th AVE EAST

PMB 54

OLYMPIA WA 98506-4632

CITY STATE ZIP CODE

Title or Position: CANDIDATE

Telephone number: 360-754-7631

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: SUZANNE DELACEY

Mailing Address: 1621 GLASS AVE NE

OLYMPIA WA 98506-

CITY STATE ZIP CODE

Title or Position: TREASURER

Telephone number: -- -

Full Name of Designated Agent: IRENE DEGLER

Mailing Address: 3228 90th AVE NW

CITY: OLYMPIA STATE: WA ZIP CODE: 98502-

Title or Position: ASST TREASURER

Telephone number: - -

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: 910 BLACK LAKE BLVD. SW

CITY: OLYMPIA STATE: WA ZIP CODE: 98502-

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

10030270593

Federal Election Commission
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☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	3/16/10 DATE PREPARED

(3/2005)

10030270594