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FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines

12FE4M5

Friends of Sandy Matheson

ADDRESS (number and street)

P.O. Box 6143

X (Check if address
is changed)

Kennewick

WA

99338

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

sandy@sandymatheson.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.sandymatheson.com

COMMITTEE'S FAX NUMBER

5096866837

2. DATE

03 / 29 / 2004

3. FEC IDENTIFICATION NUMBER

C

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

Michelle Matheson

Signature of Treasurer

Michelle Matheson

Date

04 / 07 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5487g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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

FEC FORM 1
(Revised 02/2003)

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 Sandra Matheson

Candidate Party Affiliation	DEM	Office Sought	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	WA
						District	4th

- (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.

6. 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

Friends of Sandy Matheson

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 Michelle Matheson

Mailing Address P.O. Box 6143

Kennewick WA 99336

Title or Position Operations Director CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 509 686 8131

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 Michelle Matheson

Mailing Address P.O. Box 6143

Kennewick WA 99336

Title or Position Operations Director CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 509 686 8131

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▲ CITY ▲ STATE ▲ ZIP CODE ▲

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.

Community First Bank

Mailing Address

6401 West Clearwater Avenue

Kennewick

WA

98336

CITY

STATE

ZIP CODE

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.

[ADDITIONAL]

Name of Bank, Depository, etc.

USbank

Mailing Address

5207 W. Clearwater Ave

Kennewick

WA

98336

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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