

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 MAY -8 P 2:08

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <b>Sagem Morpho Inc. Political Action Committee</b> <b>(Sagem Morpho Inc. PAC)</b>	2. DATE <b>5/2/00</b>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <b>1102 Broadway Plaza Ste 403 % Smith Alling Lane</b>	3. FEC Identification Number _____
(c) City, State and ZIP Code <b>Tacoma, WA 98402</b>	4. Is This Report An Amendment? <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	Candidate Party Affiliation	Office Sought	State/District

(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
<b>Sagem Morpho, Inc.</b>	<b>1145 Broadway Plaza, Suite 200 Tacoma, WA 98402</b>	<b>Connected</b>

Type of Connected Organization  
 Corporation  Corporation with 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	Mailing Address	Title or Position
<b>Timothy M. Schellberg</b>	<b>(253) 627-1091 1102 Broadway Plaza #403 Tacoma 98402</b>	<b>Treasurer</b>

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	Mailing Address	Title or Position
<b>Timothy M. Schellberg</b>	<b>(253) 627-1091 1102 Broadway Plaza #403 Tacoma, WA 98402</b>	<b>Treasurer</b>
<b>Lisa H. Hurst</b>	<b>SAME</b>	<b>Asst. Treasurer</b>

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 and ZIP Code
<b>Columbia Bank</b>	<b>1102 Broadway Tacoma, WA 98402</b>

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 <b>Timothy M. Schellberg</b>	SIGNATURE OF TREASURER <i>Timothy M. Schellberg</i>	DATE <b>5/2/00</b>
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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.

**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 <i>5-2-00</i>
<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 _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>des</i> PREPARER	<i>5-8-00</i> DATE PREPARED