FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Adam Smith for Congress Committee PO Box 578 ADDRESS (number and street) (Check if address is changed) Renton 98057 WA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address smith@acuitypolitics.com is changed) Optional Second E-Mail Address info@electadamsmith.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.electadamsmith.com (Check if address is changed) DATE 2025 C00304709 FEC IDENTIFICATION NUMBER > 3. X 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 Naughton, Suzanne, , 11 15 2025 Signature of Treasurer Naughton, Suzanne, , , Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	age 2					
	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 candinformation below.)	date					
	Name of Candidate Smith, Adam, , ,						
	Candidate Party Affiliation DEM Office Sought: House Senate President Dist	ate WA					
	(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 Republican, etc.) P	arty					
	Political Action Committee (PAC):						
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organ	ization is a:					
	Corporation Corporation w/o Capital Stock Labor Organization	tion					
	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.)						
	(g) This committee is an independent expenditure-only political committee (Super PAC).						
	In addition, this committee is a Lobbyist/Registrant PAC.						
	h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).						
	In addition, this committee is a Lobbyist/Registrant PAC.						
	Joint Fundraising Representative:						
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	political					
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political					
	Committees Participating in Joint Fundraiser						
	1						

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٧	Write or Type Committee Name	0 0 111			
6.	Adam Smith for Congress Committee Iame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
0.	NONE	gamzation, Anniated Committee,	Joint Fundraising Nepre	semanive, or Leaue	ISIND PAC Sponsor
	Mailing Address				
		1			
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	tion Joint Fundraising	Representative	Leadership PAC Sponso
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.				
	Naughton,	Suzanne, , ,			
	Full Name	4000 4545 C4 NIM			
	Mailing Address	1030 15th St NW			
		Box 404			
		Washington		DC 20005	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone num	ber	240 _ _ _ _ 2998
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 Naughton, Suzanne, , ,				
	of Treasurer	Suzarine, , ,			
	Mailing Address	1030 15th St NW			
		Box 404			
		Washington		DC 20005	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone num	ber 202 - [240 2998

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Full Name of Designated Agent	Olsen, Josie, , ,						
Mailing Address	1030 15th St NW						
	Box 404						
	Washington	DC 20005					
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲				
		hone number 202	240				
	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, D	Name of Bank, Depository, etc.						
	Bank of America						
Mailing Address	230 SW 152nd St						
	Seattle	WA 98166					
	CITY ▲	STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.							
Mailing Address							
	CITY ▲	STATE ▲	ZIP CODE ▲				