

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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FEC MAIL CENTER  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

B.J. Guillot for Congress

ADDRESS (number and street)

P.O. Box 359

(Check if address  
is changed)

Marysville  
CITY ▲

WA  
STATE ▲

98279-  
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address  
is changed)

info@vote4bj.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

http://www.vote4bj.com

2. DATE

08 / 08 / 2014

3. FEC IDENTIFICATION NUMBER ►

C

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

Samantha Guillot

Signature of Treasurer

Samantha Guillot

Date

08 / 08 / 2014

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

FEC FORM 1  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (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

B. J. Guillot

Candidate Party Affiliation

REP

Office Sought:

☒

House

Senate

President

State

WA

District

02

- (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 |

Write or Type Committee Name

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

Marie

Mailing Address

CITY

STATE

ZIP CODE

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

## 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

Treasurer

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

## 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

Samantha Guillot

Mailing Address

P.O. Box 359  
Marysville WA 98270

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

425-322-4610

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

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.

Union Bank

Mailing Address

909 Frontage Rd

A

Lake Stevens

WA

98258

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

1400M 1400M 1400M

**B.J. Guillot (R)  
for Congress**

Washington State  
2nd Congressional District

PO Box 359  
Marysville WA 98270

425-322-4610  
info@Vote4BJ.com

[www.Vote4BJ.com](http://www.Vote4BJ.com)



B.J. Guillot for Congress  
PO Box 359  
Maysville WA 98270

SEATTLE WA 981

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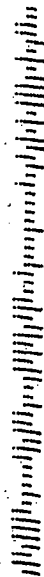
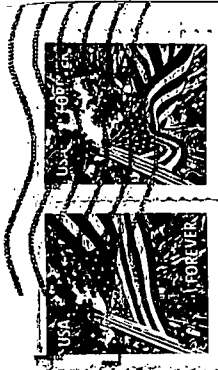
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Federal Election Commission


999 E Street

N.W.

Washington DC 20463



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

|   |   |
|---|---|
| <input type="checkbox"/> Hand Delivered   | Date of Receipt                                     |
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| <input type="checkbox"/> USPS Priority Mail Express   | Postmarked  |
| <input type="checkbox"/> Postmark Illegible   |   |
| <input type="checkbox"/> No Postmark  |   |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                                  | Shipping Date                                       |
|   | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office                      | Date of Receipt                                     |
| <input type="checkbox"/> Received from Senate Public Records Office                             | Date of Receipt                                     |
| <input type="checkbox"/> Received from Electronic Filing Office                                 | Date of Receipt                                     |
| <input type="checkbox"/> Other (Specify):   | Date of Receipt or Postmarked                       |
| <br>PREPARER | 8/13/14<br>DATE PREPARED                            |

(8/2013)