

FEC
FORM 1STATEMENT OF
ORGANIZATION

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

MESSMORE FOR CONGRESS

ADDRESS (number and street)

909 H Street

 (Check if address
is changed)

CENTRALIA

WA

98531

CITY STATE ZIP CODE 

COMMITTEE'S E-MAIL ADDRESS

colleenmorse@earthlink.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
36080719862. DATE

M	M
0	1

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	0	8

3. FEC IDENTIFICATION NUMBER

C C00424291

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

Colleen Morse

Signature of Treasurer

Electronically Filed by Colleen Morse

Date

M	M
0	1

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	0	8

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC 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

Candidate Party Affiliation

Office Sought:

House

Senate

President

State
District

WA
03

- (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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

Write or Type Committee Name

MESSMORE FOR CONGRESS

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

Colleen Morse

Mailing Address

909 H Street**Centralia****WA****98531**

Title or Position ▼

CITY ▲**STATE▲****ZIP CODE ▲****Treasurer****360****807****1983**

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**Colleen Morse**

Mailing Address

909 H Street**Centralia****WA****98531**

Title or Position ▼

CITY ▲**STATE▲****ZIP CODE ▲****Treasurer****360****807****1983**

Telephone number

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.

Mailing Address

 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

 -

CITY ▲

STATE ▲

ZIP CODE ▲
