

FEC FORM 1

STATEMENT 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
Pacific Northwest Fund

ADDRESS (Number and street) (Check if address is changed) PMB 99 2149 W Cascade, Ste 106A Hood River OR 97031 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS PacificNWFund@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 07 / 29 / 2002

3. FEC IDENTIFICATION NUMBER C00380386

4. IS THIS STATEMENT X 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 Marta Simons

Signature of Treasurer Electronically Filed by Marta Simons Date 09 / 04 / 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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 | Office | | | | State |
| Party Affiliation | Sought: | House | Senate | President | District |

- (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

None _____

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

Pacific Northwest Fund

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 **Marta Simons**

Mailing Address **PMB 99**
2149 W Cascade, Ste 106A
Hood River **OR** **97031 -**

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **541** - **490** - **1262**

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 **Marta Simons**

Mailing Address **PMB 99**
2149 W Cascade, Ste 106A
Hood River **OR** **97031 -**

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **541** - **490** - **1262**

Full Name of Designated Agent **Marta Simons**

Mailing Address **PMB 99**
2149 W Cascade, Ste 106A
Hood River **OR** **97031 -**

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **541** - **490** - **1262**

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.

Columbia River Bank

Mailing Address

2650 Cascade Avenue

PO Box 980

Hood River

OR

97031

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CITY Δ

STATE Δ

ZIP CODE Δ