2023 - 07 - 28 - 03 - 00447837

FEC FORM 1

STATEMENT OF **ORGANIZATION**

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2023 JUL 28 AM 10: 45

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
DARIGOLD P	OILITUCIAL A	CTILDIN COME	H.T.T.E.E.
IFKA MORTH			
ADDRESS (number and street)	19.0 BOX 80	,	
(Check if address is changed)			
i	SEATTLE CITY		MA 98108-L 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
COMMITTEE'S E-MAIL ADDRE	ss		
(Check if address is changed)	MUCHELLE	CARTERIODAIG	RIJGOLDIOLOM IIII
	Optional Second E-Mail Add	dress	
COMMITTEE'S WEB PAGE ADDRESS (URL)			
 (Check if address is changed) 			
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			•
2. DATE 07	0.2023		
3. FEC IDENTIFICATION NUMBER > C.000 22756			
4. IS THIS STATEMENT	NEW (N) OR	X 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 MICHELLE CARTER			
Signature of Treasurer	Marilla C	ader	Date 07. 10 2023
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 Use Only		For further Information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	F-1-14 F-1317391 1

Local 202-694-1100

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				
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				
Party Committee:				
(National, State (Democratic, or subordinate) committee of the 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 X 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 Lobbylst/Registrant PAC.				
Joint Fundralsing Representative:				
(i) This committee collects contributions, pays fundralsing 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.				
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				
2. [] [] [] [] [] [] [] [] [] [

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ر ۸	Irite or Type Committee Name	the state of the s	1 Octobrilla
1		ITICAL ACTION COMMITTEE PRA NORTH	HACOPIC DAY
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundralsing Representative, or Leaders	nip PAC Sponsor
	Mailing Address		
	i	CITY ▲ STATE ▲	ZIP CODE A
	Relationship:		Leadership PAC Sponsor
 7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in possess	ion of committee
	Full Name MICH	ELLE CARTER	لسسسا
	Mailing Address	PO BOX 80627	
	:		
		BEATTLE WA 19.81	1081-LIII
	Title or Broities or	CITY ▲ STATE ▲	ZIP CODE A
	Title or Position ▼ TRIEASIYIRER	Telephone number 12.001-12	-861-67201
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
	Full Name of Treasurer . MILICA	HELLE CARTER	
	Mailing Address	170 BOX 80627	
	-	BIGATITILE WAY 1981	1081-111
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE A
	4	1 1 1 1 1 1 1 1 1 1	2,861-167281

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	Full Name of Designated Agent		
	Mailing Address		
		<u> </u>	
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Title or Position ▼		
		Telephone number	
 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds acc safety deposit boxes or maintains funds. 			
	145	Bank	
	Mailing Address	1P10 1304111810101	
		Barnti Paul	N 158,1,0,1,1-10,8,0,0
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Name of Bank, Deposito	ry, etc.	6
	<u></u>		
	Mailing Address		
		CITY ▲ STA	TE ▲ ZIP CODE ▲
-			

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Federal Election Comission 1050 First Street, N.E. Washington, DC 20463

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Other (Specify):	Date of Receipt or Postmarked			
PREPARER (4/2023)	1/28/23 DATE PREPARED			