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. Don Hewett for Congress P.O. Box 3162 ADDRESS (number and street) (Check if address is changed) Lacey 98509 WA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS DonaldHewett2020@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2020 C00735506 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. Hewett, Robbie, , , Type or Print Name of Treasurer Hewett, Robbie, , , [Electronically Filed] 12 2021 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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		COMMITTEE 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. (Completinformation below.)	ete the candidate
Nam Cano	e of didate	Hewett, Don, , ,	
	didate / Affiliati	on REP Office Sought: * House Senate President	State WA District 10
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee: (National, State	emocratic,
(d)			emocratic, epublican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ected 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 segrecommittee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number	
	1		

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Write or Type Committee		
Don Hewett f	for Congress	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
NONE		
<u> </u>		
Mailing Address		
Mailing Address		
		1–1
	CITY STATE	ZIP CODE
	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
books and records.	: Identify by name, address (phone number optional) and position of the person in	possession of committee
Hewe Full Name	ett, Robbie, , ,	
Mailing Address	3814 Apollo Street SE	
Walling Address		
	Lacey WA 9850	03
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	- 628 - 8872
. Treasurer: List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committee; and the e.g., assistant treasurer).	e name and address of
Full Name Hewe of Treasurer	ett, Robbie, , ,	
Mailing Address	3814 Apollo Street SE	
	Lacey WA 9850	
Title or Position	CITY STATE	ZIP CODE
	Telephone number	628 - 8872

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Full Name of Designated Agent	<u> </u>		
Mailing Address			
		CITY STATE	ZIP CODE
Title or Position			
safety deposit bo	oves or main	ntains funds.	
Name of Bank, I		etc.	
	Depository, e	etc.	
Name of Bank, I	Depository, e	etc.	
Name of Bank, I	Depository, e	1320 Marvin Road NE, Suite C	ZIP CODE
Name of Bank, I	Depository, 6	1320 Marvin Road NE, Suite C Lacey CITY STATE	
Name of Bank, I	Depository, e	1320 Marvin Road NE, Suite C Lacey CITY STATE	ZIP CODE
Name of Bank, I	Depository, e	1320 Marvin Road NE, Suite C Lacey WA 98516 CITY STATE	ZIP CODE
Name of Bank, I	Depository, e	1320 Marvin Road NE, Suite C Lacey WA 98516 CITY STATE	ZIP CODE
Name of Bank, I	Depository, e	1320 Marvin Road NE, Suite C Lacey WA 98516 CITY STATE	ZIP CODE