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FEC FORM 1	STATEMEN ORGANIZA			PAGE 1
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	Office Use Only
COMMITTEE (in full)	is changed)	over the lines.	121.64113	
Rebecca for Was	hington			
ADDRESS (number and street)	PO Box 111388			
(Check if address				
is changed)	Tacoma		WA 1	98411
			STATE ▲	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	treasurer@rebeccaforwa	a.com		
	Optional Second E-Mail Addr contact@rebeccaforw	ress /a.com		
COMMITTEE'S WEB PAGE ADI	DRESS (UBL)			
(Check if address	www.rebeccaparson.com			
is changed)				
2. DATE 07 02	2 / Y Y Y Y 2021			
3. FEC IDENTIFICATION NU	JMBER ► C CO	0710632		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined th	is Statement and to the best c	of my knowledge and belief it	is true, correct a	and complete.

Type or F	Print Name of Tre	asurer	Orso, Alex-Sand	a,,,			
Signature	e of Treasurer	Orso, Al	ex-Sandra, , ,		[Electronically Filed]	Date	07 02 Y Y Y Y 2021
NOTE: Su	ubmission of false,				ubject the person signing IOULD BE REPORTED		tement to the penalties of 2 U.S.C. §437g. 10 DAYS.
	Office Use Only				For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

-	FC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	i ay <del>c</del> ∠
		e 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. (Com information below.)	plete the candidate
Name Candi		Parson, Rebecca, Elizabeth, ,	
Candi Party	idate Affiliati	on DEM Office Sought: K House Senate President	State WA District 06
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Con	nmittee:	(Domoorotio
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Polit	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization is
		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 se committee. (i.e., nonconnected committee)	egregated 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.)	
Joint	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo 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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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FEC Form 1 (Revised 02/2009)

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Write or Type Committee Name

## Rebecca for Washington

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

NONE			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Representa	tive Leadership PAC Sponsor
Custodian of Decender Idea			

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Orso, Alex	k-Sandra, , ,
Full Name	
Mailing Address	761 Taylor Morgan Way
	Sacramento  CA  95838
Title or Position	CITY STATE ZIP CODE
Treasurer	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	Orso, Alex-Sandra, , ,
Mailing Address	761 Taylor Morgan Way
	[
	Sacramento  CA  95838
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 504 - 430 - 9978

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Full Name of Designated Agent							1																		1		
Mailing Address																											
																	L			L							
						СІТ	ΓY										STA	ΛΤΕ				ZI	ΡC	COE	θE		
Title or Position																											
												Tele	eph	ione	e ni	umt	ber										

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.

TwinSt	ar Credit Union	
Mailing Address	13505 Pacific Ave S	
	Tacoma	WA98445
	CITY	STATE ZIP CODE
Name of Bank, Depository, e	tc.	
Seattle	Credit Union	
	Credit Union 3621 33rd Ave S	
Mailing Address		

STATE

ZIP CODE

CITY