(Revised 06/2012)

FEC

Only

STATEMENT OF **ORGANIZATION**

PAGE 1 / 4

FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Washington Women For Choice PO Box 21961 ADDRESS (number and street) (Check if address is changed) Seattle WA 98111 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address phil@seattlecfo.com is changed) Optional Second E-Mail Address suzanne@seattlecfo.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00368332 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) 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 Newman, Tracy,, Date 01 2024 Signature of Treasurer Newman, Tracy, , , 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 For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530

Local 202-694-1100

_	_				
EC Form 1 (Revised 03/2022)	Page 2				
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 campaig information below.)	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	State President District				
(c) This committee supports/opposes only one candidate, and is NOT an author	orized committee.				
Name of Candidate					
Party Committee:					
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party				
Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization	ion on line 6.) Its connected organization is a				
Corporation Corporation w/o Capital Stoc	ck Labor Organization				
Membership Organization Trade Association	Cooperative				
In addition, this committee is a Lobbyist/Registrant PAC.					
(f) X This committee supports/opposes more than one Federal candidate, and is committee. (i.e., nonconnected committee)	NOT a separate segregated 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.)				
(g) This committee is an independent expenditure-only political committee (Superior Committee)	·				
In addition, this committee is a Lobbyist/Registrant PAC.					
(h) This committee is a political committee with both contribution and non-contri	ibution accounts (Hybrid PAC)				
In addition, this committee is a Lobbyist/Registrant PAC.	isation decedine (Hysha Frie).				
Joint Fundraising Representative:					
(i) This committee collects contributions, pays fundraising expenses and disburs committees/organizations, at least one of which is an authorized committee	•				
(j) This committee collects contributions, pays fundraising expenses and disburs committees/organizations, none of which is an authorized committee of a fee	•				
Committees Participating in Joint Fundraiser					
1.	C				

I	FEC Form 1 (Revised 02	2/2009)			Page 3
	or Type Committee Name	oon For Chaica			
		nen For Choice ganization, Affiliated Committee	e, Joint Fundraising R	epresentative, or	Leadership PAC Sponsor
	ONE				
Mai	iling Address				
		CITY ▲		STATE ▲	ZIP CODE ▲
Rela	ationship: Connected C	Organization Affiliated Organiz	ation Joint Fundra	ising Representative	Leadership PAC Sponso
	stodian of Records: Identif	y by name, address (phone numb	er optional) and positi	on of the person in	possession of committee
	Newman, Ti	acy, , ,			
Full	Name	712 35th Ave			
Mai	ling Address	1120011740			
		Seattle		J WA ⊥	98122
		CITY ▲		STATE ▲	ZIP CODE ▲
	e or Position ▼				
l re	easurer		Telephone	number	
	asurer: List the name and designated agent (e.g., as	address (phone number optic ssistant treasurer).	onal) of the treasurer of	the committee; an	d the name and address of
	Name Newman, Treasurer	acy, , ,			
Mai	ling Address	712 35th Ave			
		Seattle		WA	98122
		CITY ▲		STATE A	ZIP CODE ▲
Title	e or Position ▼	CITY		STATE ▲	ZIF CODE A
Tre	easurer		Telephone	number 206	

	FEC Form 1	(Revised 02/2009)		Page 4
	Full Name of Designated Agent	Lloyd, Philip, , ,		
	Mailing Address	509 Olive Way		
		Ste 1133		
		Seattle	WA L	98101
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Agent		mber 206	
•	Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committees or maintains funds.	ee deposits fund	s, holds accounts, rents
	Name of Bank, D	epository, etc.		
		Bank of America		
	Mailing Address	1700 7th Ave Ste 100		
		Seattle	WA S	98101
		CITY A	STATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.		
		<u> </u>		
	Mailing Address			
		CITY A	STATE ▲	ZIP CODE ▲