

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEC MAIL ROOM

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Washington Victory Fund (Joint Fundraiser) C 00362293	2. DATE 2000 OCT 31 9/27/00 AMENDED
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 2332 2nd Ave.	3. FEC Identification Number
(c) City, State and ZIP Code Seattle, WA 98121	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.
JOINT FUND RAISER

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Inslee for Congress	P.O. Box 33027 Seattle, WA 98133	Joint Fundraiser Participant
Friends of Gary Locke for Governor	P.O. Box 160 Seattle, WA 98111	Joint Fundraiser Participant
Washington State Democrats	P.O. Box 4027 Seattle, WA 98104	Joint Fundraiser Participant

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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 Phil Lloyd	Mailing Address P.O. Box 160 Seattle, WA 98111	Title or Position Treasurer
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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 Phil Lloyd	Mailing Address P.O. Box 160, Seattle, WA 98111	Title or Position Treasurer
Hazel A. Russell	P.O. Box 33027 Seattle, WA 98133	Assistant Treasurer

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. Bank of America	Mailing Address and ZIP Code P.O. Box 34415 Seattle, WA 98124
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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 HAZEL A. RUSSELL, assistant treasurer	SIGNATURE OF TREASURER <i>Hazel A. Russell, Assistant Treasurer</i>	DATE 9/27/00
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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.

For further information contact
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-694-1100

F69AN114

FEC FORM 1
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/>	First Class Mail	POSTMARKED 10/25/00
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
 <i>ck</i>		 10/25/00
PREPARER		DATE PREPARED