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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Elect Tola Marts for Congress PO Box 9100 ADDRESS (number and street) (Check if address is changed) Seattle 98109 WA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tolamarts@gmail.com (Check if address is changed) Optional Second E-Mail Address info@argostrategies.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.tolaforcongress.org (Check if address is changed) DATE 25 2017 C00641548 FEC IDENTIFICATION NUMBER > 3. 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. Bennett, Jason, , , Type or Print Name of Treasurer Bennett, Jason, , , [Electronically Filed] 05 25 2017 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 Only Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE	
(a) X	Ite Committee: This committee is a principal campaign committee. (Complete the candidate information below	1
()		
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	ripiete trie candidate
Name of Candidate	Marts, Tola, , ,	
Candidate	Office Sought: X House Senate President	State
Party Affil	ation DEM Sought: X House Senate President	District 08
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(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 on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	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.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	•
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Co	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

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Write or Type Committee Name	12000)	r age o
Elect Tola Marts	for Congress	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
. Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in po	ossession of committee
Bennett, Ja	son, , ,	
Mailing Address	PO Box 9100	
	Seattle WA 91809	
Title or Position	CITY STATE	ZIP CODE
Treasurer		486 - 0085
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the nosistant treasurer).	ame and address of
Full Name Bennett, Jas	son, , ,	1
of Treasurer	PO Box 9100	
Mailing Address	<u> </u>	
	Seattle	
	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 206 –	486 0085

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Full Name of Designated		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
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safety deposit boxes or Name of Bank, Deposit	r maintains funds.	
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. y Bank 434 Queen Anne Ave N	
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. y Bank 434 Queen Anne Ave N	98119
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc.	98119
afety deposit boxes or Name of Bank, Deposit Key Mailing Address	r maintains funds. tory, etc.	98119
lafety deposit boxes or lame of Bank, Deposit Key	r maintains funds. tory, etc.	98119
Name of Bank, Deposit Name of Bank, Deposit Mailing Address	r maintains funds. tory, etc.	98119
Name of Bank, Deposit Mailing Address Name of Bank, Deposit	r maintains funds. tory, etc.	98119
safety deposit boxes or Name of Bank, Deposit Key Mailing Address	r maintains funds. tory, etc.	98119