| FEC FORM 1 | STATEMEN ORGANIZA | Office | PAGE 1 / 4 | |
|-----------------------------------|--|---|-------------------------|------------------------------|
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | |
| Friends of Marty | | | | |
| | 5500 Olympic Dr | | | |
| ADDRESS (number and street) | | | | |
| (Check if address is changed) | Ste H105 PMB 173 | | | |
| | Gig Harbor | | WA 98335 | |
| | CITY A | | STATE A | ZIP CODE▲ |
| COMMITTEE'S E-MAIL ADDR | ESS | | | |
| (Check if address is changed) | info@electmarty.com | | | |
| | Optional Second E-Mail Addr dawgperry@gmail.coi | ess M | | 1 |
| COMMITTEE'S WEB PAGE AI | DDRESS (URL) www.ElectMarty.com | | | |
| | 18 [/] Y Y Y Y 2020 | | | |
| 3. FEC IDENTIFICATION N | | 0755520 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | X AMENDED (A) | | |
| I certify that I have examined | this Statement and to the best of | f my knowledge and belief it i | s true, correct and cor | nplete. |
| Type or Print Name of Treasur | er Perry, Tom, , , | | | |
| Signature of Treasurer | ry, Tom, , , | [Electronically Filed] | Date | 06 / Y Y Y Y 2020 |
| NOTE: Submission of false, erro | neous, or incomplete information m ANY CHANGE IN INFORMATIO | | | alties of 2 U.S.C. §437g. |
| Office Use Only | | For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | n FC | C FORM 1 levised 06/2012) |

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|------|-----------------------|--|
| | FEC Fo | rm 1 (Revised 02/2009) Page 2 |
| | | OMMITTEE |
| Car | ndidate | 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. (Complete the candidate information below.) |
| | ne of didate | McClendon, Martin, V., , |
| | didate y Affiliati | on REP Office Sought: X House Senate President District 10 |
| (C) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| | ne of didate | |
| Par | ty Con | nmittee: |
| (d) | | This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party |
| Pol | itical A | ction Committee (PAC): |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee) |
| | | In addition, this committee is a Lobbyist/Registrant PAC. |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) |
| Joir | nt Func | Iraising Representative: |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate. |
| | Com | mittees Participating in Joint Fundraiser |
| | 1. | |
| | 2. | FEC ID number |
| | 3. | |
| | | |
| | 4. | FEC ID number |

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Friends of Marty McClendon

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

| Mailing Address | | | | | | | | | |
|--|------|--|-------|----------|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | CITY | | STATE | ZIP CODE | | | | | |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponso | | | | | | | | | |

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

| Perry, Ton | λ , , , |
|-------------------|---|
| Full Name | |
| Mailing Address | 3718 19th Avenue Ct SE |
| | |
| | Puyallup WA 98372 - - - - |
| Title or Position | CITY STATE ZIP CODE |
| Treasurer | 253 988 2455 Telephone number 1 1 |

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 | Perry, Tom, , , . |
|--------------------------------|-------------------------------|
| Mailing Address | 3718 19th Avenue Ct SE |
| | |
| | Puyallup |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Telephone number 253 988 2455 |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | | | | | | I | I | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|--|--|--|--|--|--|-----|----|---|--|--|--|--|------|-----|------|------|-----|-----|----|--|--|---|--|-----|----|-----|---|--|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | СІЛ | ΓY | | | | | | | | | | | STA | ΤE | | | | | ZII | PC | COD | Ε | | |
| 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.

| US Bai | nk | |
|---------------------------|------------------|--|
| Mailing Address | 7101 Stinson Ave | |
| | | |
| | Gig Harbor | WA 98335 – – – – – – – – – – – – – – – – – – |
| | CITY | STATE ZIP CODE |
| Name of Bank, Depository, | etc. | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY | STATE ZIP CODE |