

DO NOT  
STAPLE

Accepted  
Charities Program  
May 30, 2007

STATE of WASHINGTON



SECRETARY of STATE

Charities Program • 801 Capitol Way South • PO Box 40234 • Olympia, WA 98504-0234  
Phone: 360-753-0863 • Fax: 360-664-4250 • E-mail: [charities@secstate.wa.gov](mailto:charities@secstate.wa.gov)

## WASHINGTON STATE UNIFIED REGISTRATION STATEMENT ADDENDUM

Check here to request **EXPEDITED MAIL SERVICE** (optional). If checked, please enclose an additional \$20 fee.  
Make fees payable to "State of Washington"

Please complete entire form or write "n/a" if not applicable. Incomplete forms will not be accepted.  
All documents must be typewritten or printed legibly in ink. **DO NOT staple or bind form or attachments.**

### SECTION 1 - ORGANIZATION INFORMATION

Organization's Full Legal Name: Campaign to Defend America, Inc.	
WA State Registration Number: Campaign to Defend America, Inc.	UBI Number (if Washington State Corporation):
Enclose a listing of specific beneficiaries, if any, which the organization supports and to whom assets would be distributed to in the event of dissolution.	
Name the three officers or employees of the organization currently receiving the greatest compensation (highest paid):	
Name	Title
1. Jeffrey Blum	President
2. Tom Matzzie	Treasurer
3. Wesley Boyd	Secretary

### SECTION 2 - FINANCIAL INFORMATION

Did the organization solicit or collect contributions in Washington during the fiscal/accounting year reported? (check one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Please check reason: <input checked="" type="checkbox"/> New organization <input type="checkbox"/> No activity in Washington State <input type="checkbox"/> Other: _____ (describe)
If new organization, please provide the fiscal/accounting year end date of the first year during which solicitations will be conducted in WA and proceed to Section 3: <u>12</u> / <u>31</u> / <u>2007</u> (REQUIRED) month day year
Did/will the organization submit a Federal tax return to the Internal Revenue Service for the fiscal/accounting year reported? (check one) <input checked="" type="checkbox"/> Yes - Please check type of tax return filed: <input checked="" type="checkbox"/> IRS Form 990 <input type="checkbox"/> IRS Form 990 EZ <input type="checkbox"/> IRS Form 990PF <input type="checkbox"/> No - Please check reason: <input type="checkbox"/> Church/church-affiliated <input type="checkbox"/> Government-affiliated <input type="checkbox"/> Covered by group return <input type="checkbox"/> Annual gross receipts less than \$25,000 <input type="checkbox"/> Other: _____ (describe)

### REQUIRED ATTACHMENT

If the organization has/will file an IRS Form 990, 990EZ or 990PF with the Internal Revenue Service for the fiscal/accounting year reported...a complete copy of the tax return MUST be provided with this addendum. Be sure to include Schedule A and all attachments except contributor lists/Schedule B. Do not enclose the organization's financial statement, audit, bank statement, or annual report. <b>DO NOT staple or bind Form 990, 990EZ or 990PF, Schedule A, or their attachments.</b>
<b>NOTE:</b> If the organization's tax return for the fiscal/accounting year reported has not yet been completed, please contact our office for instructions. <b>DO NOT</b> submit the URS, URS Addendum or filing fee without a copy of the Form 990, 990EZ or 990PF.

**CONSOLIDATED FINANCIAL INFORMATION**

A superior or parent organization may submit a consolidated registration on behalf of itself and any or all of the related foundations, supporting organizations, chapters, branches, or affiliates in Washington State under its supervision or control.

Is this a consolidated registration submitted by a superior or parent organization on behalf of any other charitable organization(s), including but not limited to subsidiaries, chapters, affiliates or programs? (check one)

- Yes - You must complete line items 1 - 8 of the Solicitation Report below using CONSOLIDATED totals reflecting the financial activities of ALL organizations on whose behalf the registration is submitted. Enclose the name, mailing address, email address, web address, and IRS Form 990 (e.g. individual or group return), if any, for each organization on whose behalf the registration is submitted.
- No - You must complete line items 1 - 8 of the Solicitation Report below using the organization's financial information.

**SOLICITATION REPORT**

Please supply fiscal/accounting beginning/ending dates and complete line items 1 - 8 (REQUIRED):

<b>Fiscal/accounting year begin date:</b> 2007 (Mo/Day/Year)	<b>Fiscal/accounting year end date:</b> (Mo/Day/Year)
<b>1. The total gross dollar value of all support received from solicitations:</b> "Solicitations" include, but are not limited to, special events, sale of inventory, and amounts collected on behalf of the charitable organization by a commercial fundraiser or commercial coventurer.	\$
<b>2. The total gross dollar value of revenue from all other sources (not the result of a solicitation):</b>	+ \$
<b>3. The total dollar value of gross receipts, including amounts collected on behalf of the charitable organization by a commercial fundraiser or commercial coventurer:</b> "Gross receipts" include, but are not limited to, contributions, gross revenue from special events, sales of inventory, goods or services (including tickets to events), and all other revenue from solicitations, regardless of custody of funds.	= \$  <i>(line 1 + line 2 = line 3)</i>
<b>4. The total gross dollar value of expenditures used directly for charitable program services:</b> <i>Payments to affiliates may be included if costs involved are not connected with the administrative or fundraising functions of the reporting organization.</i>	\$
<b>5. The total gross dollar value of expenditures used for administrative and fundraising costs including amounts paid to or retained by a commercial fundraiser or commercial coventurer:</b> "Administrative and fund-raising costs" include, but are not limited to, the following expenses if not directly related to program services: salaries, wages, compensation, legal, accounting, occupancy, equipment costs, printing and publications, telephone, postage, supplies, travel, meetings, fees for services, and cost of goods or inventory sold that are not directly related to program services.	+ \$
<b>6. The total dollar value of program service, administrative and fundraising expenditures:</b> "Expenditures" include, but are not limited to, amounts paid to or retained by a commercial fundraiser, commercial coventurer, or fundraising counsel, amounts expended for charitable program services, administrative expenses, fees for services, and fundraising costs incurred by the charitable organization.	= \$  <i>(line 4 + line 5 = line 6)</i>
<b>7. Beginning assets (gross):</b>	\$
<b>8. Ending assets (gross):</b>	\$

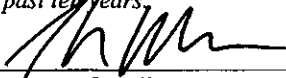
**CHARITY'S COMMENTS REGARDING SOLICITATION REPORT (OPTIONAL):**

WAC 434-120-105(2)(o) allows organizations the opportunity to provide additional information which the organization believes would be of assistance in understanding, or to provide context for, the financial information reported.

Enclose information or provide an explanation, if any, which the organization believes would be of assistance in understanding the financial information provided in Solicitation Report or IRS Tax Return. Please clearly label the enclosed "Solicitation Comments".

**SECTION 3 - SIGNATURE (Required)**

By signing this addendum, the applicant: ( a ) certifies that the information contained in the application and in the attachments are accurate and true to the best of the applicant's knowledge; ( b ) irrevocably appoints the Secretary of State to receive process (notice of lawsuits) in non-criminal cases against the applicant, and under the conditions set out in RCW 19.09.305; and ( c ) certifies that neither the organization nor any of its officers, directors, and principals have been convicted of a crime involving charitable solicitations, nor been subject to permanent injunction or administrative order under the Washington Consumer Protection Act (Chapter 19.86 RCW) in the past ten years.

  
Signature of applicant

Tom Matzoe  
Printed name

~~Secretary~~ Treasurer  
4-19-07  
Title Date

**NOTE:** Expedited Mail Service is available for registration documents requiring 48-hour turnaround. To utilize Expedited Mail Service, please enclose \$20 per registration document (in addition to regular fees), check (✓) the box on page one of this document, and write the word "EXPEDITE" in large, bold letters on the outside of the envelope. Your request will be processed and mailed within TWO business days of receipt by the Charities Program.

**Campaign to Defend America, Inc.**  
**Registration Attachments**

**Attachment A- Question 7E, State where applying to register**

**Attachment B- Question 13, List of Officers**

**Attachment C- Question 14, Custody of Contributions**

**Attachment D- Professional Fundraiser information**

## **Attachment A**

### **States where organization is in the process of applying for registration.**

The following is a list of states in which Campaign to Defend America, Inc. plans to apply for registration or is in the process of applying: California, Colorado, District of Columbia, Georgia, Illinois, Massachusetts, New York, Oregon, Pennsylvania, Washington, and Wisconsin.

**Attachment B**

**List of names, titles, addresses, and telephone numbers of officers, directors, trustees, and the principal salaried executive of organization.**

Jeffrey Blum, President  
1825 K Street, Suite 210  
Washington, DC 20006  
(202) 263-4528

Wesley Boyd, Secretary  
1141 Walnut Street  
Berkeley, CA 94707

Tom Matzzie, Treasurer  
1825 K Street, Suite 210  
Washington, DC 20006  
(202) 263-4528

**Attachment C**

**Individuals responsible for finances and contributions.  
(all addresses listed on previous attachment)**

Individuals responsible for custody of funds: Wesley Boyd, Tom Matzzie, Jeffrey Blum

Individual responsible for fund raising: Tom Matzzie

Individuals authorized to sign checks: Wesley Boyd, Tom Matzzie, Jeffrey Blum

Individuals responsible for distribution of funds: Wesley Boyd, Tom Matzzie, Jeffrey Blum

Individual responsible for custody of financial records: Tom Matzzie

Bank in which registrant's funds are deposited:

**Attachment D**

**Professional Fundraiser information.**

Name: Grassroots Campaigns, Inc.

Addresses and telephone numbers of offices used to perform work:

52 Walton St., NW Suite 202  
Atlanta, GA 30303  
404-454-4336

222 South Hamilton St. Suite 21  
Madison, WI 53703  
608-251-0993

2140 Shattuck Ave., Suite 1108  
Berkeley, CA 94704  
510-848-1754

100 South Broad St. Suite 1216  
Philadelphia, PA 19110  
215-564-0361

59 Temple Pl, Suite 404  
Boston, MA 02111  
617-338-7882

53 W. 36<sup>th</sup> St. Suite 602  
New York, NY 10018  
212-219-1502

Denver Union Station  
1701 Wynkoop St. Suite 301  
Denver, CO 80202  
303-893-1268

203 N. Wabash Ave. Suite 1500  
Chicago, IL 60601  
312-263-0435

1612 20<sup>th</sup> St., NW Suite 400  
Washington, DC 20009  
202-797-9655

1535 Pine St.  
San Francisco, CA 94109  
415-557-9596

2365 Westwood Blvd., Suite 23  
Los Angeles, CA 90064  
310-441-1712

216 Broadway E. Suite 209  
Seattle, WA 98109  
206-329-4416

4035 NE Sandy Blvd. Suite 209  
Portland, OR 97212  
503-282-9500

Services Provided: Grassroots Campaigns, Inc. will conduct a citizen outreach campaign on behalf of Campaign to Defend America, Inc. which may be carried out in public venues, door-to-door, and/or at public events.

Compensation Arrangement: During the terms of the agreement, (a) in the event that during any calendar week occurring during the term of this agreement, the average amount of contributions received per shift of canvasser (CMD) is equal to or greater than \$169, Campaign to Defend America shall pay Grassroots Campaigns \$169 per CMD plus 52% of the amount per CMD that the weekly per CMD average exceeds \$169; and (b) in

the event that during any calendar week occurring during the term of this agreement, the average amount on contributions received per CMD is less than \$169, Campaign to Defend America shall owe Grassroots Campaigns the exact gross amount of contributions raised during that week and no additional amount. Grassroots Campaigns shall be responsible for all its expenses.

Dates of Contract: April 5, 2007 through December 31, 2008

Date of Campaign: The campaign shall commence approximately after registration of Campaign to Defend American and Grassroots Campaigns in each state is approved, and on May 1, 2007 in California and Pennsylvania.

Grassroots Campaigns, Inc. will be soliciting on behalf of Campaign to Defend America, Inc.

Grassroots Campaigns, Inc. shall have custody of contributions until the next business day after each shift, when it will purchase a money order in the gross amount of cash received made out to Campaign to Defend America, Inc.

Do Not Staple

STATE of WASHINGTON



SECRETARY of STATE

Filed

August 20, 2007

Charities Program

Charities Program • 801 Capitol Way South • PO Box 40234 • Olympia, WA 98504-0234  
Phone: 360-753-0863 • Fax: 360-664-4250 • E-mail: [charities@secstate.wa.gov](mailto:charities@secstate.wa.gov)

AMENDMENT (CHARITABLE ORGANIZATION)

FEE: \$10.00

Make fees payable to "State of Washington"

08/15/07 11:17:90 -001  
\$10.00 K #1004  
ID:1350030

Check here to request EXPEDITED MAIL SERVICE (optional). If checked, please enclose an additional \$20 fee.

All documents must be typewritten or printed legibly in ink. **DO NOT** staple or bind form or attachments.

SECTION 1

Organization's Full Legal Name:  
Campaign to Defend America, Inc.

Registration Number:  
23820

DESCRIPTION OF CHANGE OF INFORMATION  
Pursuant to the Charitable Solicitations Act, RCW 19.09

Describe the change(s) of information being reported (Attach an additional sheet if needed):

Change Mailing Address to:  
1825 K St., NW  
Suite 400  
Washington, DC 20006

Change phone number to:  
(202) 454-6200

Change email address to:  
[info@iraqcampaign.org](mailto:info@iraqcampaign.org)

ATTACHMENT

Attach supporting documentation concerning change(s), if applicable. **DO NOT** staple or bind attachments.

SECTION 2 - SIGNATURE (Required)

By signing this report, the applicant: (a) certifies that the information contained in the application and in the attachments is accurate and true to the best of the applicant's knowledge; (b) irrevocably appoints the Secretary of State to receive process (notice of lawsuits) in non-criminal cases against the applicant, and under the conditions set out in RCW 19.09.305; and (c) certifies that neither the organization nor any of its officers, directors, and principals has been convicted of a crime involving charitable solicitations, nor been subject to permanent injunction or administrative order under the Washington Consumer Protection Act (Chapter 19.86 RCW) in the past ten years.

Tom Matzke

Secretary

8/10/2007

Signature of applicant

Printed name

Title

Date

**NOTE:** Expedited Mail Service is available for registration documents requiring 48-hour turnaround. To utilize Expedited Mail Service, please enclose \$20 per registration document (in addition to regular fees), check (✓) the box on page one of this document, and write the word "EXPEDITE" in bold letters on the outside of the envelope. Your request will be processed and mailed within TWO business days of receipt by the Charities Program.

**Accepted  
Charities Program  
May 30, 2007**

**Unified Registration Statement (URS) for Charitable Organizations© (v. 3.02)**

**Initial registration**       **Renewal/Update**

This URS covers the reporting year which ended (day/month/year) \_\_\_\_\_

Filer EIN 64-0955791

State Washington

State ID \_\_\_\_\_

1. Organization's legal name Campaign to Defend America, Inc.

If changed since prior filings, previous name used \_\_\_\_\_

All other name(s) used Americans Against Escalation in Iraq, Door-to-Door to End the War

2. (A) Street address 1825 K St., NW Suite 210

City Washington County \_\_\_\_\_

State DC Zip Code 20006

(B) Mailing address (if different) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Telephone number(s) (202) 263-4528 Fax number(s) (202) 263-4530

E-mail tom@moveon.org Web site www.noiraqescalation.org

4. Names, addresses (street & P.O.), telephone numbers of other offices/chapters/branches/affiliates (*attach list*). **see attached**

5. Date incorporated March 19, 2007 State of incorporation District of Columbia

Fiscal year end: day/month 31-Dec

6. If not incorporated, type of organization, state, and date established \_\_\_\_\_

7. Has organization or any of its officers, directors, employees or fund raisers:

A. Been enjoined or otherwise prohibited by a government agency/court from soliciting? Yes  No

B. Had its registration denied or revoked? Yes  No

C. Been the subject of a proceeding regarding any solicitation or registration? Yes  No

D. Entered into a voluntary agreement of compliance with any government agency or in a case before a court or administrative agency? Yes  No

E. Applied for registration or exemption from registration (but not yet completed or obtained)? Yes  No

F. Registered with or obtained exemption from any state or agency? Yes  No

G. Solicited funds in any state? Yes  No

If "yes" to 7A, B, C, D, E, *attach explanation*.

If "yes" to 7F & G, *attach list* of states where registered, exempted, or where it solicited, including registering agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

8. Has the organization applied for or been granted IRS tax exempt status? Yes  No

If yes, date of application \_\_\_\_\_ OR date of determination letter \_\_\_\_\_

If granted, exempt under 501(c) \_\_\_\_\_. Are contributions to the organization tax deductible? Yes  No

04/23/07 1046954-001  
\$0.00 D  
ID:1285806

9. Has tax exempt status ever been denied, revoked, or modified? Yes  No

10. Indicate all methods of solicitations:

Mail  Telephone  Personal Contact  Radio/TV Appeals   
 Special Events  Newspaper/Magazine Ads  Other(s)  (specify) website/email

11. List the NTEE code(s) that best describes your organization Q, R, \_\_\_\_\_

12. Describe the purposes and programs of the organization and those for which funds are solicited (*attach separate sheet if necessary*).

Grassroots advocacy and organizing to oppose escalation of the war in Iraq.

13. List the names, titles, addresses, (street & P.O.), and telephone numbers of officers, directors, trustees, and the principal salaried executives of organization (*attach separate sheet*). **see attached**

14.(A) (1) Are any of the organization's officers, directors, trustees or employees related by blood, marriage, or adoption to: (i) any other officer, director, trustee or employee OR (ii) any officer, agent, or employee of any fundraising professional firm under contract to the organization OR (iii) any officer, agent, or employee of a supplier or vendor firm providing goods or services to the organization? Yes  No

(2) Does the organization or any of its officers, directors, employees, or anyone holding a financial interest in the organization have a financial interest in a business described in (ii) or (iii) above OR serve as an officer, director, partner or employee of a business described in (ii) or (iii) above? Yes  No   
 (If yes to any part of 14A, *attach sheet* which specifies the relationship and provides the names, businesses, and addresses of the related parties).

(B) Have any of the organization's officers, directors, or principal executives been convicted of a misdemeanor or felony? (*If yes, attach a complete explanation.*) Yes  No

15. *Attach separate sheet listing names and addresses (street & P.O.) for all below:* **see attached**

Individual(s) responsible for custody of funds.	Individual(s) responsible for distribution of funds.
Individual(s) responsible for fund raising.	Individual(s) responsible for custody of financial records.
Individual(s) authorized to sign checks.	Bank(s) in which registrant's funds are deposited ( <i>include account number and bank phone number</i> ).

16. Name, address (street & P.O.), and telephone number of accountant/auditor.

Name Fontanello, Duffield & Otake, LLP  
 Address 44 Montgomery Street, Suite 2019  
 City San Francisco State CA Zip Code 94104 Telephone \_\_\_\_\_  
 Method of accounting accrual

17. Name, address (street & P.O.), and telephone number of person authorized to receive service of process. *This is a state-specific item. See instructions.*

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

- 18. (A) Does the organization receive financial support from other nonprofit organizations (foundations, public charities, combined campaigns, etc.)? Yes  No
  - (B) Does the organization share revenue or governance with any other non-profit organization? Yes  No
  - (C) Does any other person or organization own a 10% or greater interest in your organization OR does your organization own a 10% or greater interest in any other organization? Yes  No
- (If "yes" to A, B or C, *attach an explanation* including name of person or organization, address, relationship to your organization, and type of organization.)

- 19. Does the organization use volunteers to solicit directly? Yes  No
- Does the organization use professionals to solicit directly? Yes  No

20. If your organization contracts with or otherwise engages the services of any outside fundraising professional (such as a "professional fundraiser," "paid solicitor," "fund raising counsel," or "commercial co-venturer"), *attach list* including their names, addresses (street & P.O.), telephone numbers, and location of offices used by them to perform work on behalf of your organization. Each entry *must include* a simple statement of services provided, description of compensation arrangement, dates of contract, date of campaign/event, whether the professional solicits on your behalf, and whether the professional at any time has custody or control of donations.

21. Amount paid to PFR/PS/FRC during previous year: \$ 0.00

Brand new organization- no financial activity yet. See attached addendum.

22. (A) Total contributions: \$ 0.00

(B) Program service expenses: \$ 0.00

(C) Management & general expenses: \$ 0.00

(D) Fundraising expenses: \$ 0

(E) Total expenses: \$ 0

(F) Fundraising expenses as a percentage of funds raised: 0 %

(G) Fundraising expenses plus management and general expenses as a percentage of funds raised: 0 %

(H) Program services as a percentage of total expenses: 0 %

**Under penalty of perjury, we certify that the above information and the information contained in any attachments or supplement is true, correct, and complete.**

Sworn to before me on (or signed on) April 19, 2007

My Commission Expires

December 4, 2010

Notary public (if required)

Tom Matzke  
 Name (printed)  
[Signature]  
 Name (signature)  
Treasurer  
 Title (printed)

\_\_\_\_\_  
 Name (printed)  
 \_\_\_\_\_  
 Name (signature)  
 \_\_\_\_\_  
 Title (printed)

Consult the state-by-state appendix to the URS to determine whether supporting documents, supplementary state forms or fees must accompany this form. Before submitting your registration, *make sure you have attached or included everything required by each state to the respective copy of the URS.*

Attachments may be prepared as one continuous document or as separate pages for each item requiring elaboration. In either case, please number the response to correspond with the URS item number.