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Committee Name:

(1) Oregon Association	
If registered, FECTD:	
Teday's Bate:	•
4/26/16	
•	
Federal Election Commission	
999 E Street, N.W.	بادر <del>بالمنظم مص</del> وح بالبيدات الديد المحافي في منذ الت
Washington, D.C. 20463	
Re: Form 1, Statement of Organization—Unlimited	Contributions
To Whom It May Concern:	
This committee intends to make independent expend	itures, and consistent with
the U.S. Court of Appeals for the District of Columb	ia Circuit decision in
SpeechNow v. FEC, it therefore intends to raise fund	ls in unlimited amounts. This
committee will not use those funds to make contribu	_
or via coordinated communications, to federal candid	
Respectfully submitted,	
•	<b>₩</b> .⊘.
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Tressurer's Name:	
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Treasi	irer 

## 2016 - 05 - 09 - 0M - 00073286

**FEC** 

## STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

FORM 1 NAME OF (Check if name Example: If typing, type 12FE4M5 is changed) COMMITTEE (in full) over the lines. OREGIOIN HISISIOICEIAITIZIOINI ADDRESS, (number and street) (Check if address is changed) IOISIFIBIURIG COMMITTEE'S E-MAIL ADDRESS (Check if address ADMIN @ 4POREGON.0,79 is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address www.uPOREGON.ORG is changed) 0 DATE FEC IDENTIFICATION NUMBER IS THIS STATEMENT OR 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. ody Scott Type or Print Name of Treasurer Signature of Treasurer Date 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.

L	Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012).	
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ı	F	EC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>							
5.			OMMITTEE								
	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 campaign committee. (Compleinformation below.)	ete the candidate							
	Name Candi										
	Candi Party	date Affiliatio	Office Sought: House Senate President	State							
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name Candi										
	Party	y Con	nmittee:								
	(d)		in the second se	emocratic, epublican, etc.) Party.							
	Polit	ical A	ction Committee (PAC):								
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected 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.								
	<b>(f)</b>	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee (i.e., nonconnected committee)	egated 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	Fund	Iraising Representative:								
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political							
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political							
		Com	mittees Participating in Joint Fundraiser								
		1.	FEC ID number								
		2.	FEC ID number								
		3.									

Write or Type Committee Name

6.	Name	of	Any	/ C	on	ne	cte	d	Or	ga	niz	at	io	n,	Af	III	ate	ed:	С	on	nn	nit	te	е, .	Jo	in	t F	un	dr	als	sin	g	Re	pre	ese	nta	itiv	re,	or	· L	ea	de	-s	hip	_ > Р	)A(	 C	Spr	on	so	r	
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FEC Form 1 (Revi	ised 02/2009)		Page 4
Full Name of Designated Agent	<u> </u>	11111	
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	Telephon	e number	
safety deposit boxes or m Name of Bank, Depositor		·	
Mailing Address		v <sub>e</sub> ,	
	Roseburg	J LOR	[9,7,4,7,0]-
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	ry, etc.		
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Mailing Address			
ليوية سنتصبب الراداد المالة			
		ليا ل	
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Washington, D.C. 20463

Federal Election Commission

999 E Street N.W.

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCO	MING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail    Postmarked	Date of Receipt 5/9/16
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next B	usiness Day Delivery
Received from House Records & Registration Office	Date of Receipt e
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	te of Receipt or Postmarked
PREPARER	5/9/16 DATE PREPARED
(3/2015)	DATETHENANLO