

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2011 NOV 21 AM 8:36 FEC MAIL CENTER

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Oregon Nominee Fund

ADDRESS (number and street)

2236 SE 10th Ave

(Check if address is changed)

Portland

OR

97214-

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

kevin@c-systems.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.bonamiciforcongress.com

(Check if address is changed)

2. DATE

11

10

2011

3. FEC IDENTIFICATION NUMBER

C00504746

4. 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.

Type or Print Name of Treasurer Kevin Neely

Signature of Treasurer

Kevin Neely

Kevin Neely

Date

11

10

2011

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 Use Only

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

FEC FORM 1 (Revised 02/2009)

11030691292

5. TYPE OF COMMITTEE

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. (Complete the candidate information below.)

Name of Candidate Suzanne Bonamici

Candidate Party Affiliation DEM REP IND OTH

Office Sought: House Senate President

State AL AK AR AZ CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a National State Local (National, State or subordinate) committee of the Democratic Republican Other (Democratic, Republican, etc.) Party.

Political Action 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.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

11030691293

Write or Type Committee Name

Oregon Nominee Fund

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

OREGON VICTORY FUND 2012

Mailing Address

430 S. CAPITOL ST, SE
2ND FLOOR
WASHINGTON DC 20003

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 Kevin Neely

Mailing Address 2236 SE 10th Ave
Portland OR 97214

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 503 295 1851

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 Kevin Neely

Mailing Address 2236 SE 10th Ave
Portland OR 97214

Title or Position of Treasurer CITY STATE ZIP CODE

Treasurer Telephone number 503 295 1851

11030691294

Full Name of Designated Agent

[Grid]

Mailing Address

[Grid]

[Grid]

[Grid]

CITY

STATE

ZIP CODE

Title or Position

[Grid]

Telephone number

[Grid]

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.

West Coast Bank

[Grid]

Mailing Address

5335 Meadows

[Grid]

[Grid]

Lake Oswego

OR

97035-

[Grid]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Bank of America

[Grid]

Mailing Address

730 15th St NW

[Grid]

[Grid]

Washington

DC

20005-

[Grid]

CITY

STATE

ZIP CODE

11030691295

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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Other (Specify): Date of Receipt or Postmarked


PREPARER
(3/2005)

11/21/11
DATE PREPARED

11030691296