FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
2014 APR -7 AM 9:45
FEC MAIL CENTER
Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

IF HE VOTES LIKE THAT IN SALEM IMAGINE WHAT HE WILL DO IN CONGRESS

ADDRESS (number and street) 89358 CRANBERRY LANE

☒ (Check if address is changed)

BANDON | OR | 97411 -

CITY | STATE | ZIP CODE

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

☒ (Check if address is changed) RUSSELL.CNA@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE MM 03 / DD 30 / YYYY 2014

3. FEC IDENTIFICATION NUMBER C00559054

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 CAROL A RUSSELL

Signature of Treasurer Carol A Russell Date 03 / 30 / 2014

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)

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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

Candidate Party Affiliation

Office Sought: ☐ House ☐ Senate ☐ President

State

District

(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 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 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 C

2. FEC ID number C

3. FEC ID number C

4. FEC ID number C

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Write or Type Committee Name
IF HE VOTES LIKE THAT IN SALEM IMAGINE WHAT HE WILL DO IN CONGRESS

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

NONE

Mailing Address

CITY STATE ZIP CODE

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

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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: CAROL A RUSSELL

Mailing Address: 89358 CRANBERRY LANE

BANDON OR 97411

CITY STATE ZIP CODE

Title or Position: TREASURER

Telephone number

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: CAROL A RUSSELL

Mailing Address: 89358 CRANBERRY LANE

BANDON OR 97411

CITY STATE ZIP CODE

Title or Position: TREASURER

Telephone number

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position

Telephone number

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.

WELLS FARGO BANK

Mailing Address 580 STATE STREET

SALEM OR 97301-

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

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2014 APR -7 AM 9:49
FEC MAIL CENTER

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CAROL A RUSSELL
89358 CRANBERRY LN
BANDON OR 97411-8322

Expected Delivery Date: 04/02/2014

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SIGNATURE REQUIRED

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TO:

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WASHINGTON DC 20463-0001

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Federal Election Commission
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PREPARER	DATE PREPARED 4/1/14

(8/2013)

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