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## STATEMENT OF

FEC FORM 1		ORGANIZA	ATION		Office Lies Only
NAME OF COMMITTEE (ir	n full)	X (Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	Office Use Only
Bonamici I	Nomine	ee Fund			
				1 1 1 1 1	
ADDRESS (number and street)  (Check if address is changed)		2236 SE 10th Ave			
		Portland		OR	97214-
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA  (Check if is change	address	S (Please provide only one e-kevin@c-esystems.com	-mail address)		
— is change	iu)				
COMMITTEE'S WEB  (Check if is change	address	RESS (URL) www.bonamiciforcongress.c	om 		
2. DATE 1	1 10	2011			
3. FEC IDENTIFIC	CATION NU	MBER C C	00504746		
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have e	examined thi	s Statement and to the best	of my knowledge and belief in	t is true, correct a	and complete.
Type or Print Name	of Treasurer	Kevin Neely			
Signature of Treasure	Kevin Ne	eely	[Electronically Filed]	Date 01	19 / 2012
NOTE: Submission of		•	may subject the person signing ON SHOULD BE REPORTED W		the penalties of 2 U.S.C. §437
Office Use			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	X	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Nam Can	e of didate	Suzanne Bonamici	
Cano	didate / Affiliati	on DEM Office X House Senate President	State OR District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 secommittee. (i.e., nonconnected committee)	gregated 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.)	
Join	t 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.	vo 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form 1</b> (Revised 0	2/2009)	Page <b>3</b>
Write or Type Committee Name		. 3
Bonamici Nomir	nee Fund	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	p PAC Sponsor
Mailing Address		
	CITY STATE Z	IP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
. Custodian of Records: Identi books and records.	rify by name, address (phone number optional) and position of the person in posse	ession of committee
Kevin Neel	y	1
Full Name	,2236 SE 10th Ave	
Mailing Address		
	Portland , OR , 97214-	
	Totala	
Title or Position	CITY STATE ZI	P CODE
Treasurer		95   1851
B. <b>Treasurer:</b> List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	e and address of
Full Name Kevin Neely of Treasurer	, 	
Mailing Address	2236 SE 10th Ave	
	Portland OR 97214-	
Title or Position		P CODE
Treasurer		5  -   -     1851 

1 20 10111 1 (10	evised 02/2009)		Page <b>4</b>
Full Name of			
Designated Agent			
Mailing Address			
Ç			
			1.1
	CITY	STATE	ZIP CODE
Title or Position			
	Telepho	one number	-
	est Coast Bank		
			1 1 1 1 1 1 1 1 1
We	est Coast Bank		
	est Coast Bank 5335 Meadows	. OR 19	7035-
We	est Coast Bank	OR 9	7035-
We	est Coast Bank 5335 Meadows	OR 9	7035- 
Mailing Address	est Coast Bank 5335 Meadows Lake Oswego		
Mailing Address  Name of Bank, Deposi	est Coast Bank  5335 Meadows  Lake Oswego  CITY		
Mailing Address  Name of Bank, Deposi	est Coast Bank  5335 Meadows  Lake Oswego  CITY  tory, etc.		
Mailing Address  Name of Bank, Deposi	est Coast Bank  5335 Meadows  Lake Oswego  CITY		
Mailing Address  Name of Bank, Deposi	est Coast Bank  5335 Meadows  Lake Oswego  CITY  tory, etc.		
Mailing Address  Name of Bank, Deposi	est Coast Bank  5335 Meadows  Lake Oswego  CITY  tory, etc.	STATE	
Mailing Address  Name of Bank, Deposi	est Coast Bank  5335 Meadows  Lake Oswego  CITY  tory, etc.  730 15th St NW	STATE	ZIP CODE