FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. GONNOLLY, ING PAG ADDRESS (number and street) (Check if address is changed) 0,2 PIDIRITILIAIND CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS ILMFIDIGIO: CIEGIO INFIAMITILIYICIOIUNICITILI - IORIGI COMMITTEE'S WEB PAGE ADDRESS (URL) MICHUMIC COMMITTEE'S FAX NUMBER 5,03,-12,5,7,-1,8,8,0 19,2008 DATE C00447912 **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT **OR** AMENDED (A) NEW (N) 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 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 12/2007) Toll Free 800-424-9530 Only Local 202-694-1100

	rage E
	COMMITTEE
	e 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 Affiliat	Office State ion Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	mmittee:
(d)	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.
Political A	Action Committee (PAC):
(e) X	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
(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 Leadership PAC. (Identify sponsor on line 6.)
Joint Fun	draising 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.
Con	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number C
3.	FEC ID number
4.	FEC ID number
5.	FEC ID number C

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FEC Form 1 (Revised 12/2007)			
Oregon Family Council, Inc PAC			
Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundralsing	ng Representative		
IDICIEGION FIANTILY COUNCIL INC.			
Mailing Address [P 0 B 0 X 1 3 3 6 7			
	111111		
PORTILAND	1.3		
CITY STATE	ZIP CODE		
Relationship:			
Connected Organization Affiliated Committee Leadership PAC Sponsor Joint Fundrais	sing Representative		
Custodian of Records: Identify by name, address (phone number optional) and position of the person in position and position and position of the person in position and position and position of the person in position and posi	ossession of committee		
books and records.			
Full Name NII:CIHIO LIAIS GIRIAIHIAIN			
Mailing Address [P, 0, 18 6, X, 1, 1, 3, 3, 6, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
PORTLAND 101 101 19.73	213-		
CITY STATE	ZIP CODE		
Title or Position			
Co M M N I CAT 10 NS DIR: 1 Telephone number 503-2	4,5,7]-10,4,4		
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the n any designated agent (e.g., assistant treasurer).	ame and address of		
Full Name of Treasurer NICHOLASI GRAHAM			
Mailing Address			
CITY STATE	2, 1,3] - [; , ,] ZIP CODE		
Title or Position CIOIMMUN IICIATTIJOINS: DIR. Telephone number Sioi3 - [2]	257-0444		
CIOIMMAIN IICHTIILIAN ICHINITATII Ielepnone number			
FE3AN042.PDF	 -		

CITY

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ZIP CODE

STATE

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Full Name of Designated Agent

Mailing Address

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Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Business D	Day Delivery			
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	eipt or Postmarked			
James	5/27/08			
(3/2005)	DATÉ PREPARED			