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2012 NOV -5 AM 9:39 FEC MAIL CENTER

Committee Name:

OREGON DEMOCRATIC TRUST FUND

If registered, FEC ID:

Today's Date:

10/29/2012

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

RICHARD KEVINSTON

, Treasurer

12030950467

STATEMENT OF

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FORM 1 ORGANIZATION		2012 NOV -5 AM 9: 39			
	<u></u>			FFC Model	of negligibilities
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
OREGON	DEMC	CRATIC TRU	JST FUND	1 1 1 1 1 1	
	1 1 1 1			<u> </u>	
ADDRESS (number a	nd street)	P. O. BOX 83	394		
(Check if address is changed)		DELRAY BE	ACH	FL 33	482
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change	address	S (Please provide only one UnitedStates	e-mail address) sDemocraticTrust	tFund@yah	noo.com
COMMITTEE'S WEB	PAGE ADD	PRESS (URL)			
(Check if	address				
is change			1111111	1 1 1 1	
2. DATE Ï() ′ 29	° ′ 2012 ′			
3. FEC IDENTIFIC	CATION NU	MBER C			
4. IS THIS STATE	MENT 🛛	NEW (N) OR	AMENDED (A)		
I certify that I have		RICHARD K	est of my knowledge and belief it	t is true, correct and	complete.
Signature of Treasur		Auf		Date 10 th /	. 20'12 `
NOTE: Submission of			m may subject the person signing of TION SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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5.			OMMITTEE				
Candidate Committee:							
	(a)		This committee is a principal campaign committee. (Complete the candidate information below	<i>i.</i>)			
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate						
	Cand Party	idate Affiliatio	Office Sought: House Senate President	State District			
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name Cand	-					
	Part	y Can	nmittee:				
	(d)		(National, State This committee is a or subordinate) committee of the	(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 co	onnected 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.	Cooperative			
	(f)	\boxtimes	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	segregated fund or party			
			In addition, this committee is a Lobbyisit/Registrant PAC.				
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Join	t Fund	raising Representative:				
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political			
		Com	mittees 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 Na						
OREGON DEMOCRATIC TRUST FUND						
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor						
NONE						
		<u> </u>				
						
Mailing Address						
		<u> </u>				
	CITY STATE	ZIP CODE				
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor				
7. Custodian of Records: k books and records.	dentify by name, address (phone number optional) and position of the person	on in possession of committee				
Full Name RICI	HARD KEVINSTON					
Mailing Address	_I P. O. BOX 8394					
Maning Address	1	· · · · · · · · · · · · · · · · · · ·				
	DELRAY BEACH	33482				
Title or Position	CITY STATE	ZIP CODE				
GOVERNMENT	RELATIONS DIRECTOR Telephone number [561]	945[2234				
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the committee; an ., assistant treasurer).	d the name and address of				
Full Name of Treasurer	HARD KEVINSTON					
Mailing Address	P. O. BOX 8394					
	(DELRAY BEACH , , , , , , , , , , , , , , , , , , ,	33482 -				
Title or Position	CITY STATE	ZIP CODE				
TREASURER	Telephone number	- 945, - 2234				

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CITY

STATE

ZIP CODE

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indic	· ·
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USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Co	onfirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busi	ness 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):	of Receipt or Postmarked
Im p	11/5/12
PREPARER (3/2005)	DATE PREPARED
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