FEC FORM 1	STATEMEN ORGANIZA	-	Off	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	1220 SW Morrison Street			
ADDRESS (number and street)	Suite 910			
is changed)	PORTLAND CITY		OR 972 STATE ▲	05 
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	zamore@capcomplianc	ce.com		
	Optional Second E-Mail Add  jocelyn@wyden.net	ress		
COMMITTEE'S WEB PAGE AD				
	12 / Y Y Y Y 2022			
3. FEC IDENTIFICATION N	IUMBER ► C CO	0567206		
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 Treasur	er Zamore, Judith, , ,			
Signature of Treasurer	ore, Judith, , ,	[Electronically Filed]	Date 07	D D / Y Y Y Y 12 2022
NOTE: Submission of false, error	neous, or incomplete information r ANY CHANGE IN INFORMAT	nay subject the person signing t ION SHOULD BE REPORTED		penalties of 52 U.S.C. §30109
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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 cand information below.)	idate
Name of Candidate	
Party Affiliation Sought: House Senate President	tate
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	trict
Name of Candidate	
Party Committee: (National, State (Democratic,	
(d) This committee is a or subordinate) committee of the Republican, etc.)	Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected orga	nization is a:
Corporation Corporation w/o Capital Stock Labor Organiza	ation
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 committee. (i.e., nonconnected committee)	or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) <b>X</b> This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	

## Joint Fundraising Representative:

(i) 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.
 (j) 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

	<b>C</b> C00308676
2. DEMOCRATIC PARTY OF OREGON	C C00188367

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-	FEC Form 1 (Revised 0	2/200	)9)																										ſ	Pag	je 3	3		_
V	Vrite or Type Committee Name																																	
	OREGON VIC	ΓО	R`	Y	F	U	Ν	D																										
6.	Name of Any Connected Or NONE	rgani	zati	on,	Aff	filia	ated	d C	om	mi	ttee	e, J	loir	nt F	un	ndra	isi	ng	Rej	ore	ser	ntat	ive	e, o	r L	eac	der	ship	) P/	AC	Sp	ons	or	
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	Mailing Address																														<u> </u>	<u> </u>		
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									CI	ΓY										:	ST/	ΛΤΕ						ZI	ΡC		)E			
	Relationship: Connected	Orgar	nizat	ion	Γ	A	٩ffili	ate	d C	)rga	niz	atio	n	Γ		Join	t Fu	undı	aisi	ng	Rej	ores	sen	tativ	/e			Lea	der	ship	ρP/	٩C	Spo	nsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Tyree, Joce	elyn, , ,
Full Name	
Mailing Address	8935 SW Bellflower Street
	Tigard     OR     97224       Image: Second
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Assistant Treasurer	Telephone number     503     -     708     -     1059

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	Zamore, Judith, , ,
of Treasurer	
Mailing Address	PO Box 15293
	Washington         DC         20003
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image:

FEC Form 1	(Revised 02/2009) Page <b>4</b>
Full Name of Designated Agent	Tyree, Jocelyn, , ,
Mailing Address	8935 SW Bellflower Street
	Tigard         OR         97224           Image: Image
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	<b>,</b>
	Image:

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.

Bank c	f America		
Mailing Address	540 SE Morrison		
	Portland	OR 97214	4
	CITY A	STATE A	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY A	STATE A	ZIP CODE