

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

14 MAY 22 PM 3:07
Office Use Only

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

ADDRESS (number and street) 640 15TH ST NE
(Check if address is changed)
SALEM OR 97301
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
(Check if address is changed) MARVIN.SANNES@MSR.COM
Optional Second E-Mail Address
MARVIN.SANNES@MARVIN.SANNES.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)
(Check if address is changed) WWW.MARVIN.SANNES.COM

2. DATE 05 18 2014

3. FEC IDENTIFICATION NUMBER C

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 MARVIN SANNES

Signature of Treasurer [Signature] Date 05 18 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.

14020394745

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 MARVIN SANNES

Candidate Party Affiliation IND Office Sought: House Senate President State OR 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

Comm. TEE to Elect MARVIN SANNE

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

Empty grid lines for organization name

Mailing Address

Empty grid lines for mailing address

CITY

STATE

ZIP CODE

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

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

MARVIN SANNE

Mailing Address

640 15th St NE

Empty grid lines for address

SALEM

OR

97301

Title or Position

CITY

STATE

ZIP CODE

Empty grid lines for title or position

Telephone number

503-851-6055

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

Empty grid lines for full name

Mailing Address

Empty grid lines for mailing address

Empty grid lines for mailing address

Empty grid lines for address

CITY

STATE

ZIP CODE

Title or Position

Empty grid lines for title or position

Telephone number

Empty grid lines for telephone number

14020394747

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

[Grid for Name of Bank, Depository, etc. Line 1]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. Line 1]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

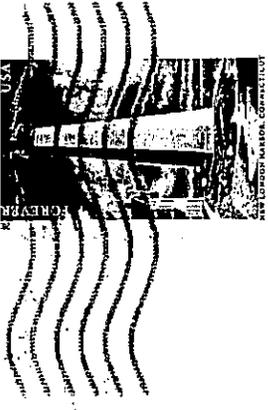
ZIP CODE

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PORTLAND OR 970
19 MAY 2014 PM 3 L



SENATE
POST OFFICE
SCREENED
FOR THE
PUBLIC REC
BOX 77578

wash. ng ton. D.C.
313857878
R013-7578

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
MAIL RATE OFFICE B1
SUITE 232
WASHINGTON, DC 20510-71
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DEL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

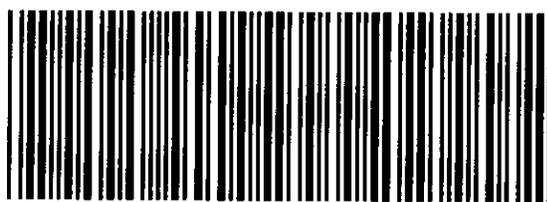
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

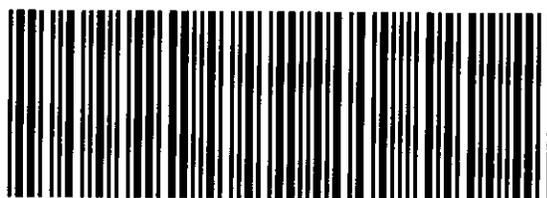
OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 5-22-14

14020394750



SEN PATCH



SEN PATCH

14020394751