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FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED

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1.	NAME OF COMMITTEE (in full)		eck if name anged)		le: If t <u>y</u> pying e lines	, type	12FĘ4	4M5	AIL UL	NTER	
Ц	Oregon Victory Fund		111	ш					111	1111	لــــ
Ш		1111			1111		11.1	<u> </u>			
ADI	ORESS (number and street)	c/o Jacqi	ueline Forte	-Mackay	<u> </u>		111				
m	(Check if address	430 Sout	h Capitol St	SE, 2nd	Flr.						
	is changed)	Washington DC 20003 -									
				CITY			STATE	•	ZIP (CODE 📥	
CO	MMITTEE'S E-MAIL ADDRE	SS (Please prov	vide only one e	-mail addre	ess)						
х	(Check if address is changed)	complian	ice@dccc.oi	rg			للله			1111	لــ
based	io dianges,	للللل		ш							
CO1	MMITTEE'S WEB PAGE ADI	DDEEC (LIDIL)				•					
		, (ONL)	•				•				
	(Check if address is changed)									ш	لب
		سس					للب		111	ш	ᆚ.
	•		• .								
2.	DATE	7 20	11		· · ·						
3.	FEC IDENTIFICATION NUI	MBER		C :							
4.	IS THIS STATEMENT X	NEW (N)	or Or	Π	AMENDE	D (A)	•				
				Emmed		- ()					
l cer	tify that I have examined this Sta	atement and to the	e best of my kno	wledge and I	pelief it is true.	. correct and	d complete				
			-								
Тур	e or Print Name of Treasurer	Robe	rt E. Mook								
Sig	nature of Treasurer	//_	4	w.	· · · · · ·		Date	M , M	27	201	/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
NO.	FE: Submission of false, erroneo	us, ar incomplete			• •				of 2 U.S.C.	§437g.	
	Office Use Only	, .		l F	or further info ederal Election oll Free 800-4	n Commissi			FEC F	ORM 1 02/2009)	

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5.	TYPE OF COMMITTEE (Check One)								
	Candi	Candidate Committee:							
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)						
	(p)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name Candi								
	•		· · · · · · · · · · · · · · · · · · ·						
	Candi Party	date Affiliati	on Office State Senate President District						
•	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name Candi								
	Party	Comm	* *** *** *** *** *** *** *** *** ***						
	(d)		(National, State (Democratic, Republican, etc.) Party.						
	Politic	al Act	ion Committee (PAC):						
	(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:						
		i	Corporation Corporation w/o Capital Stock Labor Organization						
			Membership Organization Trade Association Cooperative						
			In addition, this committee is a Lobbyist/Registrant PAC.						
	(†)		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 F	undra	ising 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.						
		Summeral 2	•						
	(h)	Ľ	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.						
		Com	mittees Participating in Joint Fundraiser						
			Democratic Congressional Campaign Committee 1. FEC ID number C C00000935						
			2. Oregon Nomineo Fund 2. FEC ID number						
			3 FEC ID number C						
			4. FEC ID number C						

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Write or Type Committee	Name			
Oregon Victory F	ınd		·	
6. Name of Any Conne	eted Organization, Affiliated Committee, Joint Fundraising	g Representative, or Leade	ership PAC Sponsor	
NONE		<u> </u>		
	<u> </u>			
Mailing Address				
		ا ليا لــ		
	CITY▲	STATE A	ZIP CODE	
Relationship:	-	ntitional		
Connected Orga	nization Affiliated Committee Joint Fundr	aising Representative	Leadership PAC Sponsor	
Mailing Address	2nd Floor	2nd Floor		
·	Washington	DC	20003 _	
Title or Position ♥	CITY A	STATE	ZIP CODE A	
Tre	Isurer Tele	phone number 202	- 863 - 1500	
name and address	name and address (phone number optional) of the of any designated agent (e.g., assistant treasurer).	treasurer of the committ	ee; and the	
Mailing Address	430 South Capitol Street, SE			
- ,	2nd Floor	· .	, 	
	Washington	DC	20003 -	
Title or Position ♥	CITY A	STATE A	ZIP CODE A	
Tre	asurer Tele	ephone number	_ 863 _ 1500	
		sphone number	·	

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Full Name of Designated Agent	Jacqueline Forte-Mackay						
Mailing Address	430 South Capitol Street, SE	430 South Capitol Street, SE					
	2nd Floor						
	Washington	_DC	20003 –				
Title or Position ♥	CITY A	STATE A	ZIP CODE A				
As	sistant Treasurer Telephone nur	mber	485 3401				
Banks or Other De safety deposit boxe Name of Bank, Dep	s or maintains funds.	e deposits fund	s, holds accounts, rents				
· [Bank of America, N.A.						
Mailing Address	730 15th Street, NW						
	Washington	DC	20005				
	CITY 🗻	STATE 4	ZIP CODE 🛕				
Name of Bank, Dep	pository, etc.						
· . [
Mailing Address							
	CITY ·∡	STATE 4	ZIP CODE A				

(3/2005)

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