FEC FORM 1

Only

STATEMENT OF ORGANIZATION

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(Revised 02/2009)

Office Use Only NAME OF (Check if name Example:If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) regon Nominee Fund O Jacqueline Forte-Mackay ADDRESS (number and street) 3 South Capitol Street, SE, 2nd Floor (Check if address 20003 is changed) ashington CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) icompliance@dccc.org (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 10" 27" **FEC IDENTIFICATION NUMBER** 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. Robert E. Mook 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

Toll Free 800-424-9530

Local 202-694-1100

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5.			COMMITTEE	_		
	(a)	lidate	e Committee: 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					
	Name Candi	-	information below.)	<u> </u>		
	Candi Party	date Affiliatio	on Office Sought: House Senate President	State		
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name Candi					
	Part	y Con	nmittee:	Damasadia		
	(d)		3 7	Democratic, Republican, etc.) Party.		
Political Action Committee (PAC):						
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected organization is a		
		1	Corporation Corporation w/o Capital Stock	Labor Organization		
			Membership Organization Trade Association	Cooperative		
			In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party		
			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 tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political		
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political		
		Com	mittees Participating in Jαint F⊔ndraiser			
		1.				
		2.		edinisti Addressi in Production (1995) — New York (1995) — Production (1995) — New York (1995) — New Y		
		3.				
		4.				
		→.				

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Write or Type Committee Na					
Oregon Nomine	ee Fund				
	d Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor			
Oregon Victory	<u>/ ドႷᲘᲥ </u>				
Mailing Address	[430 \$outh Capitol Street, SE				
	[2nd Floar				
·		03, - 4024			
	CITY STATE	ZIP CODE			
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Representative	eadership PAC Sponsor			
		, .			
 Custodian of Records: lo books and records. 	dentify by name, address (phone number optional) and position of the person in po	ssession of committee			
Full Name Robe	Full Name Robert E. Mook				
Mailing Address	430 South Capitol Street, SE				
	2nd Floor				
	Washington DC 2000	03 1-14024			
Title or Position	CITY STATE	ZIP CODE			
	SIT SINE	Zii OOBL			
Treasurer	Telephone number 202, - 8	63 1500 ,			
 Treasurer: List the name a any designated agent (e.g. 	and address (phone number optional) of the treasurer of the committee; and the na ., assistant treasurer).	ame and address of			
Full Name of Treasurer	ert E. Mook	.11111111111			
Mailing Address	430 South Capitol Street, SE				
	2nd Floor	<u> </u>			
	Washington DC 2000)3 ,			
-	CITY SŢATE	ZIP CODE			
Title or Position Treasurer	Telephone number [202] - [8	63 _ [1500]			

		Full Name of Designated Agent Jac	queline Forte-Mackay		
11050682777		Mailing Address	430 South Capitol Street, SE	<u> </u>	
			2nd Floor	<u> </u>	
		٠	[Washington]		20003 - 4024
		Title or Position	CITY	STATE	ZIP CODE
		Assistant Treasu	rer Te	elephone number [202]	4853401
	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 of America			
		Mailing Address	730 15th Street, NW		
			Washington	PC 2	20005, , - 1001
			CITY	STATE	ZIP CODE
		Name of Bank, Deposito	ory, etc.		
				1111111	

CITY

STATE

ZIP CODE

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Mailing Address

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(3/2005)