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FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) [ ] (Check if name is changed) Example: If typing, type over the lines. 12FB4M5

Education and Opportunity Fund

ADDRESS (number and street) ▼ 818 SW 3rd Avenue, #514

[ ] (Check if address is changed)

Portland | OR | 97204 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 10 05 2001

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT [X] 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 Robert W. Gee

Signature of Treasurer [signature] Date 10 15 2001

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 Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

FE1AN045.PDF

5. TYPE OF COMMITTEE (Check One)

(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

Candidate Party Affiliation

Office Sought: ☐ House ☐ Senate ☐ President

State

District

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) ☐ This committee is a separate segregated fund.

(f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

Education and Opportunity Fund

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: Robert W. Gee

Mailing Address: 1954 N. Cleveland Street

Arlington | VA | 22201

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: ___-___-___

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: Robert W. Gee

Mailing Address: 1954 N. Cleveland Street

Arlington | VA | 22201

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: ___-___-___

Full Name of Designated Agent:

Mailing Address:

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼:

Telephone number: ___-___-___

8. **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 1001 SW 5th Avenue

Portland | OR | 97204 -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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☐	Hand Delivered	Date of Receipt
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[illegible]	10-18-01
PREPARER	DATE PREPARED

(6/2000)