Nathan Page for Congress

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FEC MAIL CENTER

20069 S. Homestead Dr, Oregon City, OR 97045

Voice 503.706.2075 ● nathanpageforcongress@gmail.com

January 6, 2014

Federal Elections Commission 999 E Street, NW Washington, DC 20463

To Whom It May Concern,

Enclosed for filing is FEC form 1 on behalf of the Nathan Page for Congress committee. I have also enclosed a copy that I would appreciate being stamped with the date of filing and returned to me in the envelope provided at your earliest opportunity.

Sincerely,

Nathan Page Candidate

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FEC FORM 1

STATEMENT OF ORGANIZATION

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FEGMANDMENTS

FORM 1		URGANIZ	AIN	JN		E Efficated book	4610: [4 Centes
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Exa	imple:If typing, type r the lines.	12FE4N		
Nathan P	age fo	r Congress					
ADDRESS (number a	nd street)	20069 Sou	th H	omestead	drive		
(Check if an is changed)		Oregon City	<u> </u>		OR	97045	- -
			CITY		STATE	ZIP C	ODE
COMMITTEE'S E-MA	AL ADDRES	S (Please provide only one	e-mail ac	idress)			
(Check if address is changed)							<u> </u>
_	·						
COMMITTEE'S WEB	PAGE ADD	RESS (URL)					
(Check if							لحبيب
is change	a)				111		لىسىل
2. DATE 01	6	° ′ 20′14 ′					
3. FEC IDENTIFIC	CATION NU	MBER C		u Filosofie u Politica Effectivo de la companya de la comp			
4. IS THIS STATE	MENT 🔀	NEW (N) OR		AMENDED (A)			
I certify that I have o	examined thi	s Statement and to the be	est of my	knowledge and belief	it is true, corre	ect and complete.	
Type or Print Name	of Treasurer	Diane 1	2	Page			
Signature of Treasure	er 4	eare G	<u>) (</u>	rage	Date Z	7'06'	2014
NOTE: Submission of		ous, or incomplete information					2 U.S.C. §437g.
Office Use Only				For further information Federal Election Commis Toll Free 800-424-9530		FEC FC	

FEC Form 1 (Revised 02/2009)	Page 2
i. TYPE OF COMMITTEE	
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candida	te information below.)
(b) This committee is an authorized committee, and is NOT a principal campa information below.)	aign committee. (Complete the candidate
Name of Nathan D Page	
Candidate Party Affiliation Rep Office Sought: House Senate	President State OR District 5
(c) This committee supports/opposes only one candidate, and is NOT an auti	norized 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)	ation on line 6.) Its connected organization is a:
Corporation Corporation w/o Capita	I 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 committee. (i.e., nonconnected committee)	is NOT a separate segregated fund or party
In addition, thie 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 disburs committees/organizations, at least one of which is an authorized committee of	
(h) This committee collects contributions, pays fundraising expenses and disburs committees/organizations, none of which is an authorized committee of a federal committee.	
Committees Participating in Joint Fundraiser	
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3.	O number C
4. ! ! !	number C

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Title or Position

Treasurer

Page 3 FEC Form 1 (Revised 02/2009) Write or Type Committee Name **Nathan Page for Congress** Name of any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address CITY STATE ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Relationship: Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records. Diane Page Full Name Clearview Ct. Mailing Address Title or Position CITY STATE ZIP CODE Telephone number 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 _lDiane Page of Treasurer . Clearview Ct. Mailing Address ZIP CODE CITY STATE

Telephone number

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	Diane Page		
Mailing Address	21561 S Clearview Ct		<u> </u>
	Oregon City	STATE	97045 -
Title or Position			
	<u> </u>	hone number	
	Depositories: List all banks or other depositories in which the xes or maintains funds. Depository, etc.	e committee deposits (funds, holds accounts, rents
	On Point Community Credit Union	<u> </u>	<u> </u>
Mailing Address	19753 S Hwy 213		
	Oregon City	<u> P</u> R	97045
	CITY	STATE	ZIP CODE
Name of Bank, I	Depository, etc.		
Mailing Address			
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Federal Elections Commissior 999 E Street, NW Washington, DC 20463

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt** Hand Delivered Postmarked USPS First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):