| Image# 201801049090368064 | | | | 01/04/2018 21 . 50 |
|---|---|---|-----------------------|--|
| FEC FORM 1 | STATEMEI ORGANIZ | | | PAGE 1 / 5 — |
| | | | c | Office Use Only |
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| McLeod-Skinner | for Oregon | | | |
| | | | | |
| ADDRESS (number and street) | PO Box 1894 | | | |
| (Check if address is changed) | | | | |
| | Redmond └ | | OR 97 STATE ▲ | 756 └ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ |
| COMMITTEE'S E-MAIL ADDR | ESS | | | |
| (Check if address is changed) | sue@bluewavepolitics | | | |
| is changed) | Optional Second E-Mail Ad | dress kinner40R ora | | |
| | | | | |
| COMMITTEE'S WEB PAGE AI | DDRESS (URL) | | | |
| | D4 / Y Y Y Y 2018 | | | |
| 3. FEC IDENTIFICATION N | IUMBER ► C C | :00649004 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | | |
| certify that I have examined | this Statement and to the best | of my knowledge and belief | it is true correct an | d complete |
| | | i of my knowedge and zeller | | |
| Type or Print Name of Treasur | er Jackson, Sue, , , | | | |
| Signature of Treasurer | cson, Sue, , , | [Electronically Filed] | Date 01 | / D D / Y Y Y Y 04 2018 |
| NOTE: Submission of false, erro | neous, or incomplete information ANY CHANGE IN INFORMATI | may subject the person signing | | e penalties of 2 U.S.C. §437g. |
| Office Use Only | | For further information Federal Election Commis: Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

01/04/2018 21 : 50

| | FEC Fo | rm 1 (Revised 02/2009) Page 2 |
|------|-----------------------|--|
| | | OMMITTEE |
| Car | ndidate | e 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.) |
| | ne of didate | McLeod-Skinner, Jamie, , , |
| | didate y Affiliati | on DEM Office Sought: X House Senate President District OR District |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| | ne of didate | |
| Par | rty Con | nmittee: |
| (d) | | This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party. |
| Poli | itical A | ction 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.) |
| Join | nt Func | Iraising 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. |
| | Com | mittees Participating in Joint Fundraiser |
| | 1. | FEC ID number |
| | 2. | FEC ID number |
| | 3. | |
| | 4. | |
| | | |

FEC Form 1 (Revised 02/2009)

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Write or Type Committee Name

McLeod-Skinner for Oregon

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

| Mailing Address | | | |
|--|--|---------------------------------|----------------------------------|
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee | Joint Fundraising Representa | tive Leadership PAC Sponsor |
| 7. Custodian of Records: Iden books and records. | tify by name, address (phone number o | otional) and position of the po | erson in possession of committee |
| Jackson, S | ue, , , | | |
| Mailing Address | P.O. Box 1894 | | |
| Maining Address | 1 | | |
| | Redmond | | 97756 |
| | | | |
| Title or Position | CITY | STATE | ZIP CODE |
| Treasurer | | Telephone number | |
| 8. Treasurer: List the name and any designated agent (e.g., a | address (phone number optional) of th ssistant treasurer). | e treasurer of the committee; | and the name and address of |

| Full Name Jackson, | Sue, , , |
|--------------------|----------------------------------|
| of Treasurer | |
| Mailing Address | P.O. Box 1894 |
| | |
| | Redmond OR 97756 |
| | CITY STATE ZIP CODE |
| Title or Position | Telephone number |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | | | | | | | | | | | | I | | | | | | | | | 1 | | | |
|-------------------------------------|--|--|--|--|--|---|------|---|--|--|------|-----|-----|------|-----|-----|----|--|---|--|-----|----|----|----|--|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | L | | | | _ | | | |
| | | | | | | C | :IT) | (| | | | | | | | STA | ΤE | | | | ZII | ΡC | OD | ١E | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Tele | eph | one | e ni | umt | ber | | | | | | | | | | |

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 | 552 SW 6th St | | |
| | | | |
| | Redmond | | 97756 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Previous Treasurer has been disengaged since August 1, 2017.

Form/Schedule: Transaction ID: