PAGE 1 / 4 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Seth Allan for Congress PO Box 609 ADDRESS (number and street) (Check if address is changed) Canby 97013 OR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS seth@sethallan.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00607457 FEC IDENTIFICATION NUMBER > 3. X 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. Seth Rydmark Type or Print Name of Treasurer Seth Rydmark [Electronically Filed] 01 29 2016 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 (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	OF C	OMMITTEE	<u> </u>
Can		e Committee:	
(a)	X	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. (Corinformation below.)	nplete the candidate
Name Candi		Seth Allan	
Candi Party	idate Affiliati	on REP Office Sought: X House Senate President	State OR District 05
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

l		
FEC Form 1 (Revised (2/2009)	Page 3
Write or Type Committee Name		
Seth Allan for C	ongress	
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Dolotionohin. Connector	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sportson
 Custodian of Records: Ider books and records. Seth Rydn 	tify by name, address (phone number optional) and position of the personark	on in possession of committee
Full Name		
Mailing Address	1802 N Pine St. Apt. H302	
	Canby	97013
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
8. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and ssistant treasurer).	d the name and address of
Full Name Seth Rydm	ark	
	1802 N Pine St. Apt. H302	
Mailing Address		
	- Out.	
		97013
Title or Position	CITY STATE	ZIP CODE
	Telephone number	

FEC For	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	1	
Mailing Address		
Manning / Idah 655		
	CITY STATE	ZIP CODE
Title or Position		1.1
		ds accounts, rents
safety deposit b	Depository, etc. KeyBank 1200 NW 2nd Ave.	ds accounts, rents
safety deposit b Name of Bank,	Depository, etc. KeyBank 200 NW 2nd Ave.	ds accounts, rents
safety deposit b Name of Bank,	Depository, etc. KeyBank 200 NW 2nd Ave. Canby OR 97013	
safety deposit b Name of Bank, Mailing Address	Depository, etc. KeyBank 200 NW 2nd Ave. Canby CITY STATE Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. KeyBank 200 NW 2nd Ave. Canby CITY STATE Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc. KeyBank 200 NW 2nd Ave. Canby CITY STATE Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. KeyBank 200 NW 2nd Ave. Canby CITY STATE Depository, etc.	ZIP CODE