| Image# 202202039491564135 | | | | |
|---|----------------------------------|--|------------------------|---------------------------------|
| FEC FORM 1 | STATEMEI ORGANIZ | | | PAGE 1 / 4 —— |
| | (0) | | | ffice Use Only |
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| | gress | | | |
| | | | | |
| ADDRESS (number and street) | PO Box 5903 | | | |
| (Check if address is changed) | | | | |
| | Eugene └ | | OR 1972 STATE ▲ | 105 – [ZIP CODE ▲ |
| COMMITTEE'S E-MAIL ADDRE | | | | |
| (Check if address is changed) | canning@nextlevelpart | | | |
| is changed) | Optional Second E-Mail Ad | | | |
| | | | | |
| COMMITTEE'S WEB PAGE AD (Check if address is changed) | DRESS (URL) | ess.com/ | | |
| 2. DATE 02 0 | ^b / Y Y Y Y 3 2022 | | | |
| 3. FEC IDENTIFICATION N | UMBER ► C c | 00803668 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (A) | | |
| I certify that I have examined t | his Statement and to the best | of my knowledge and belief i | t is true, correct and | complete |
| | | | | |
| Type or Print Name of Treasure | May, Jennifer, , , | | | |
| Signature of Treasurer | Jennifer, , , | [Electronically Filed] | Date 02 | 03 / Y Y Y Y Y 2022 |
| NOTE: Submission of false, erron | | may subject the person signing ON SHOULD BE REPORTED V | | penalties of 2 U.S.C. §437g. |
| Office Use Only | | For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

02/03/2022 08 : 10

L

| | | - | |
|-------------------|--------|--|------|
| FE | EC Fo | Page 2 | I |
| . TYPE | OF C | COMMITTEE | |
| Cand | lidate | 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.) | |
| Name Candid | | Canning, Doyle, , , | |
| Candid Party A | | ion DEM Office Sought: X House Senate President District O District | |
| (C) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Candid | | | |
| Party | v Con | nmittee: | |
| (d) | | This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Par | rty. |
| Politi | cal A | Action Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is | s a: |
| | | Corporation Corporation w/o Capital Stock Labor Organization | I |
| | | 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 par committee. (i.e., nonconnected committee) | rty |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint | Fund | draising 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. | FEC ID number | ٦ |
| | 4. | | ٦ |
| | | | |

I

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Canning for Congress

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

| N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|---|-------|------|-----|------|------|---|--|------|-------|-----|----|----|------|---|----|------|-----|------|------|----|----|-----|-----|-----|------|---|----|----|-----|-----|----|------|------|------|
| L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | L | | | | | | _ | | | | | | | |
| | | | | | | | | | | | CI | TΥ | | | | | | | | | | S | STA | TE | | | | | Z | IP | CO | DE | | | |
| | Relationship: Connec | cted | Or | gar | niza | atio | n | | Affi | iliat | ted | Co | mm | itte | e | Jc | oint | Fui | ndra | aisi | ng | Re | pre | ese | nta | tive | е | Le | ad | ers | hip | PA | .C S | Броі | nsor |
| 7. | Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | books and records. | | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | May, Je | ennit | fer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | may, oormion, , , |
|-------------------|-------------------------------|
| Full Name | |
| Mailing Address | PO Box 5903 |
| | |
| | Eugene OR 97405 |
| Title or Position | CITY STATE ZIP CODE |
| Treasurer | Telephone number 202 505 1657 |

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 | May, Jennifer, , , | |
|---------------------------|---------------------|--|
| Mailing Address | PO Box 5903 | |
| | | |
| | Eugene OR 97405 | |
| | | |
| | CITY STATE ZIP CODE | |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | | | | | | | | | | | | | | | | | | 1 | | | I | | 1 | | | _ |
|-------------------------------------|--|---|--|--|---|---|---|---|----|----|--|--|------|-----|------|------|-----|-----|-----|---|---|---|----|-----|----|---|--|---|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | L | | | | 1 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 1 | 1 | 1 | 1 | | | | | | | | | | | I | | | 1 | | 1 |]- | | | |
| | | | | | | | | | CI | ΓY | | | | | | | | ST/ | λΤΕ | | | | ZI | > C | OD | Ε | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Tele | eph | ione | 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 | 201 E 11th Ave | |
| | | |
| | Eugene | OR 97401 |
| | CITY | STATE ZIP CODE |
| Name of Bank, De | epository, etc. | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY | STATE ZIP CODE |