(Revised 06/2012)

FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Democratic Party of Oregon 1220 SW Morrison St., Ste 910 ADDRESS (number and street) (Check if address is changed) Portland 97205 OR CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@dpo.org is changed) Optional Second E-Mail Address treasurer@dpo.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.dpo.org (Check if address is changed) DATE 2025 C00188367 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Erguiza, Chrissy,, Date 11 05 2025 Signature of Treasurer Erguiza, Chrissy, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information bel	low.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (dinformation below.)	Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate Pres	State sident District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	
Name of Candidate	
Party Committee:	
(d) X This committee is a STA (National, State	(Democratic, Republican, etc.) Party
Political Action 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 committee. (i.e., nonconnected committee)	e segregated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts	s (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	4. 6. 1
(i) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, at least one of which is an authorized committee of a federal care	· '
This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate.	· · · · · · · · · · · · · · · · · · ·
Committees Participating in Joint Fundraiser	
1. C	

•	FEC Form 1 (Re	evised 02/2009)	Page 3
٧	Vrite or Type Committee	e Name	
	Democratic	Party of Oregon	
6.	Name of Any Conne	cted Organization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
	ASDC Partners	hip Program	
	Mailing Address	430 South Capitol St.SE	
		Washington DC	20003
		CITY ▲ STATE	ZIP CODE ▲
	Relationship: Cor	nnected Organization Affiliated Organization X Joint Fundraising Repre	sentative Leadership PAC Sponso
7.	Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the po	erson in possession of committee
	Ma Full Name	nlove, Amelia, , ,	
	Mailing Address	1220 SW MORRISON ST	
		Suite 910	
		PORTLAND OR	97205
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼		
	Compliance Director	Telephone number	503 - 239 - 8638
8.		ame and address (phone number optional) of the treasurer of the commit (e.g., assistant treasurer).	ittee; and the name and address of
	Full Name Erg	guiza, Chrissy, , ,	
	Mailing Address	1220 SW Morrison St Ste 910	
		Portland	97205
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	503 - 239 - 8638

FEC F	orm 1 (Revised 02/2009)	Page 4
Full Name Designated Agent	of Manlove, Amelia, , ,	
Mailing Add	1220 SW Morrison St., Ste 910	
	Portland	OR 97205
Title or Pos	CITY ▲	STATE ▲ ZIP CODE ▲
Assistant 1	reasurer	phone number 503 - 239 - 8638
	Other Depositories: List all banks or other depositories in which the sit boxes or maintains funds.	e committee deposits funds, holds accounts, rents
Name of Ba	ank, Depository, etc.	
	Beneficial State Bank	
Mailing Add	ress 1101 SW Washington St.	
	Portland	OR 97205
	CITY ▲	STATE ▲ ZIP CODE ▲
Name of Ba	ank, Depository, etc.	
	Amalgamated Bank	
Mailing Add	ress 275 Seventh Ave.	
	New York	NY 10001
	CITY ▲	STATE ▲ ZIP CODE ▲

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Form/Schedule: Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Jame of Any Connected	l Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spons
Democratic National			
Mailing Address	430 South Capitol St.SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identi		oint Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi		oint Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identi		oint Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	sint Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identi	fy by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposit afety deposit boxes or management.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or make the property of the propert	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which an anitains funds.	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Democratic Grassro	d Organization, Affiliated Committee, Joint Furots Victory Fund	idraising Representative	e, or Leadership PAC Spons
Mailing Address	430 South Capitol St. SE		
	Washington 	DC	20003
D. L. C LC.	OITV A	STATE ▲	ZIP CODE ▲
	CITY ▲ ed Organization	oint Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Jo		ative Leadership PAC Spo
Connecte Pesignated Agent: Identi	ed Organization Affiliated Committee X Jo		ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Jo		ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee X Journal of Journal of States (phone number – optional)	oint Fundraising Representation	
Connecte Designated Agent: Identi Full Name	Affiliated Committee X Joint J		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Joint J	oint Fundraising Representation	
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Deposit afety deposit boxes or mailing Address or mailing Address	Affiliated Committee X Journal of the state	STATE Telephone Number	ZIP CODE A
Connected Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Deposit afety deposit boxes or make the period of Bank, Depository, etc.	Affiliated Committee X Journal of the state	STATE A Telephone Number	ZIP CODE A

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1.	ng Participant:		
		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected Friends of State Dem	Organization, Affiliated Committee, Joint nocratic Parties	Fundraising Representativ	e, or Leadership PAC Spon
Mailing Address	114 Beauchamp Ln.		
	Lafayette	LA	70506
Relationship:	CITY A	STATE A	ZIP CODE ▲
Full Name			
Mailian Adalas			
Mailing Address			
Mailing Address			
Mailing Address			
TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION	CITY A	STATE A Telephone Number	ZIP CODE A
TITLE OR POSITION anks or Other Depositor defety deposit boxes or management of Bank,	pries: List all banks or other depositories in aintains funds.	Telephone Number	ts funds, holds accounts, rent
TITLE OR POSITION anks or Other Depositor afety deposit boxes or management of Bank, depository, etc.	pries: List all banks or other depositories in aintains funds.	Telephone Number	ts funds, holds accounts, rent
TITLE OR POSITION	pries: List all banks or other depositories in aintains funds.	Telephone Number	ts funds, holds accounts, rent

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h). Joint Fundraisi	ng rantopant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Oregon Blue Victory	_		
Mailing Address	918 Pennsylvania Ave SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecto	ed Organization Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
Connecte esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		ative Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in what intains funds.	STATE A Telephone Number ch the committee deposit	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number ch the committee deposit	ZIP CODE A ts funds, holds accounts, rent

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Commodes	Organization, Affiliated Committee, Joint Fur	advaicing Democratativ	a a Landarchia DAC Cana
VAL HOYLE VICTO		idiaising nepresentative	e, or Leadership FAC Spons
Mailing Address	PO BOX 657		
	SPRINGFIELD	OR	97477
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte Designated Agent: Identi	Affiliated Committee X Jo fy by name, address (phone number – optional)	oint Fundraising Represent	
Designated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional)		ZIP CODE A
Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	cories: List all banks or other depositories in whice aintains funds.	STATE Telephone Number ch the committee deposit	
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Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposites afety deposit boxes or make the period of Bank, Depository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whice aintains funds.	STATE Telephone Number ch the committee deposit	s funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2. [FEC ID number	С
3. [FEC ID number	С
4. [FEC ID number	С
	-	rganization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
SAL	INAS VICTORY FU	JND 		
N	lailing Address	122 C STREET NW SUITE 360		
		WASHINGTON	DC	20001
R	delationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Sponsor
8. Design	ated Agent: Identify I	by name, address (phone number - optional)		
Full	Name			
	Name			
Mai		CITY A	STATE A	ZIP CODE A
Mai	iling Address		STATE A	ZIP CODE A
9. Banks safety of Name of	TLE OR POSITION	es: List all banks or other depositories in which	elephone Number the committee deposit	s funds, holds accounts, rents
9. Banks safety of Deposit	or Other Depositoric deposit boxes or main	es: List all banks or other depositories in which ntains funds.	elephone Number the committee deposit	s funds, holds accounts, rents
9. Banks safety of Deposit	or Other Depositorie deposit boxes or main of Bank, ory, etc.	es: List all banks or other depositories in which ntains funds.	elephone Number the committee deposit	s funds, holds accounts, rents

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(h). Joint Fundraisi	ng randipanti		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connecter	l Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e or Leadership PAC Spon
BYNUM VICTORY F			
Mailing Address	122 C ST NW		
	SUITE 360		<u> </u>
	WASHINGTON	DC	20001
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
		oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Sp
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Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in white aintains funds.	STATE A Telephone Number	ZIP CODE A
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	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected Harris Victory Fund	Organization, Affiliated Committee, Joint F	Fundraising Representativ	e, or Leadership PAC Spon
I lame vistory i and			
Mailing Address	430 South Capitol Street, SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connected esignated Agent: Identify	Affiliated Committee X by name, address (phone number – optional	Joint Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identify	by name, address (phone number – optional		ZIP CODE A
Full NameMailing Address	by name, address (phone number – optional	al)	
Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mailing and mailin	ries: List all banks or other depositories in waintains funds.	STATE Telephone Number which the committee deposit	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION And the position of Bank, prepository, etc	ries: List all banks or other depositories in waintains funds.	STATE Telephone Number which the committee deposit	ZIP CODE A ts funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION tanks or Other Deposito afety deposit boxes or mail	ries: List all banks or other depositories in waintains funds.	STATE Telephone Number which the committee deposit	ZIP CODE A ts funds, holds accounts, rent

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
		•	
Oregon Victory Fund	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Mailing Address	1220 SW Morrison St		
	Suite 910		
	Portland	OR	97205
Deletieneleier	CITY ▲	STATE ▲	ZIP CODE ▲
		oint Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X J		ative Leadership PAC Sp
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2.		FEC ID number	C
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3		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fu	ındraising Representativ	e, or Leadership PAC Spons
WYDEN FUND FOR	A SENATE MAJORITY		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	WASHINGTON	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X J v by name, address (phone number – optional)	loint Fundraising Represent	ative Leadership PAC Sp
3	by marrie, address (prioris marrison optional)	
Full Name)	1 1 1 1 1 1 1 1 1 1
)	
Full Name) 	
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Full Name	CITY	STATE	ZIP CODE A
Full Name	CITY		