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. David Russ Is For US P.O. Box 21 ADDRESS (number and street) (Check if address is changed) Dundee 97115 OR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cruss@russisforus.com (Check if address is changed) Optional Second E-Mail Address david.russ@dundeecity.org COMMITTEE'S WEB PAGE ADDRESS (URL) russisforus.com (Check if address is changed) DATE 04 2020 C00763946 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. Clifton, Mary, , , Type or Print Name of Treasurer Clifton, Mary, , , [Electronically Filed] 09 28 2021 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

Local 202-694-1100

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Can		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. (Corinformation below.)	nplete the candidate
Name Cand		Russ, David, , Honorable,	
Cand Party	idate Affiliati	on REP Office Sought: X House Senate President	State
	7	on cought.	District 06
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	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.)	
Join	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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	
	COIII		
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		
David Russ Is F	or US	
6. Name of Any Connected O	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the person in	possession of committee
Clifton, Ma	ry, , ,	1
Full Name	,15687 S Tall Timber Ln	
Mailing Address		
	00 070	
	Molalla OR 9703	×6
Title or Position	CITY STATE	ZIP CODE
treasurer	Telephone number 209	
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the issistant treasurer).	e name and address of
Full Name Clifton, Mar	ry, , ,	
Mailing Address	15687 S Tall Timber Ln	
. J		
	Molalla OR 9703	38
	CITY STATE	ZIP CODE
Title or Position		401 0986

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Full Name of Designated	Russ, Deborah, , ,	
Agent		
Mailing Address	PO Box 21	
	Dundee	5
	CITY STATE	ZIP CODE
Title or Position	510	519 9874
	Telephone number	
Name of Bank i	Depository, etc.	
Mailing Address	US Bank 3220 Portland Rd	
	,3220 Portland Rd	
	3220 Portland Rd	ZIP CODE
	3220 Portland Rd Newberg OR 9713: CITY STATE	
Mailing Address	3220 Portland Rd Newberg OR 9713: CITY STATE	
Mailing Address	3220 Portland Rd Newberg CITY STATE Depository, etc.	
Mailing Address Name of Bank, [3220 Portland Rd Newberg CITY STATE Depository, etc.	
Mailing Address Name of Bank, [3220 Portland Rd Newberg CITY STATE Depository, etc.	