1030572211

icon next to lead find full ber.

2011 FEB 14 AM 8: 37

FEC FORM 1			ATEMI GANI				1		CENTER	′ ¬
1. NAME OF COMMITTEE (in	n full)		eck if name nanged)		mple:If typir r the lines.	ig, type	12FE4	M5	<del>-</del>	
COMMITT	EE TC	βŲΙĻΙ	D DOM	IĘ HÇ	<b>MES</b>	1.1.1.				لب
	<u> </u>		, 1 <u>1 1</u> 1			111				
ADDRESS (number a	nd street)	601 N	E 162	ND A	VE #2	3	<del></del>		<del>                                     </del>	لبب
(Check if address is changed)		PORT	LAND			<u> </u>	OR	972	<b>30</b>	
				CITY			STATE		ZIP CODE	
COMMITTEE'S E-MA		S (Please pro	vide only on		dress)		<u>I I I I I I I I I I I I I I I I I I I </u>	1.1.1.	11111	لب
(Check if is change										لبب
COMMITTEE'S WEB	PAGE ADD	RESS (URL)								
(Check if is change	address		<del>                                     </del>	<del></del>	1.1.1.1		<del>                                      </del>	<u>.</u>		<u>.</u>
2. DATE Ö	3" ′ 1 <sup>`</sup> '	' <b>19</b> 9	)Ğ *				<del>                                      </del>			
3. FEC IDENTIFIC	CATION NU	MBER	С							
4. IS THIS STATE	MENT 🗵	NEW (N)	OR		AMEN	DED (A)				
I certify that I have o	examined this	s Statement	and to the b	est of my	knowledge a	and belief it	is true, con	ect and con	nplete.	
Type or Print Name	of Treasurer	BOB	LEON	ARD	FORT	HAN		· · · · · · · · · · · · · · · · · · ·		
Signature of Treasure	er Bu	f Les	n Ar o	L For	thon		Date C	) <b>2</b> " ′ 0	6 20	11 )
NOTE: Submission of	·	ous, or incomp NY CHANGE		•	•	• •		•	ities of 2 U.S.O	C. §437g.
Office Use Only									C FORM wised 02/2009	

ı	FEC For	m 1 (Revised 02/2009)	Page 2
TYP	E OF C	DMMITTEE	
Can	didate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information bel	ow.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (dinformation below.)	Complete the candidate
Nam Cand	e of didate	BOB LEONARD FORTHAN	
	didate / Affiliatio	n REP Office Sought: House Senate X Presiden	State It District
(c)	X	This committee supports/opposes only one candidate, and is NOT an authorized committee	<b>).</b>
Nam Cano	e of didate	NONE	
Par	ty Com	mittee:	
(d)		(National, State This committee is a 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 w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	٠	This committee supports/opposes more than one Federal candidate, and is NOT a separat 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.)	
Join	t Fund	raising Representative:	
(g)	$\times$	This committee collects contributions, pays fundraising expenses and disburses net proceeds f committees/organizations, et least onn of which is an authorized committee of a faderal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political
	Comi	nittees Participating in Joint Fundraiser	
	1.	NONE FEC ID number C	
	2.	FEC ID number C	
	3.	FEC ID number C	
	4.	FEC ID number C	

	W
	إسنه
	O.
	(^)
	۳.,
	LO
ļ	M
	$\odot$

Write or Type Committee Name  COMMITTEE TO BUILD DOME HOMES  6. Name or Any Connected Organization, Affillated Committee, Joint Fundraising Representative, or Leadership PA	age 3
COMMITTEE TO BUILD DOME HOMES	
6. Name or any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA	
	C Sponsor
NONE	1111
Mailing Address	
	-1
CITY STATE ZIP C	ODE
Relationship: Connected Organization Affiliated Committee Joint Fundralsing Representative Leadershi	p PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in possessio books and records.</li> </ol>	n of committee
Full Name BOB LEONARD FORTHAN	
Mailing Address 601 NE 162ND AVE. # 23	
	1 1 1 1
PORTLAND OR 97230	_ 5764
Title or Position CITY STATE ZIP C	ODE
TREASURER Telephone number 503, J- 256,	_ 1758
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and any designated agent (e.g., assistant treasurer).	d address of
Full Name of Treasurer  BOBLEONARD FORTHAN	
Mailing Address 601 NE 162ND AVE. # 23	لببيا
PORTLAND OR 97230	_5764
CITY STATE ZIP CO	
TREASURER 503 1- 256	_ 1758

i,

NONE

Full Name of Designated.

Agent

	CITY	STATE	ZIP CODE
Title or Position			
	Tel	lephone number	
	ositories: List all banks or other depositories in which	the committee deposits fur	nds, holds accounts
safety deposit boxes or			
Name of Bank, Deposit	iwiy, ew.		
1110	S,BANK		
<u> US</u>			<u> </u>
Mailing Address	P.O. BOX 1800		
		[MN]	55101
	P.O. BOX 1800	MN) STATE	55101   -   ZIP COD

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

STATE

ZIP CODE

CITY

Federal Election Cor ENVELOPE REPLACEMENT PAGE FO The FEC added this page to the end of this fili	R INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 2/1//)
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Sig	nature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registratio	Date of Receipt n Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Er	2/H/11
PREPARER (3/2005)	DATE PREPARED