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. VIGOR PAC 5555 N Channel Ave ADDRESS (number and street) (Check if address is changed) Portland 97217 OR CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address Frank.Collins@vigor.net is changed) Optional Second E-Mail Address Benton.Strong@vigor.net COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2023 C00542514 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 Strong, Benton, , Date 80 01 2023 Signature of Treasurer Strong, Benton, , , 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 (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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TYPE OF CO	,	Page Z
TYPE OF CO		
Candidate (committee: committee is a principal campaign committee. (Complete the candidate information below.)	
	s committee is an authorized committee, and is NOT a principal campaign committee. (Complermation below.)	ete the candidate
Candidate	[,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Candidate	Office	State
Party Affiliat		District
(c) This	committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate		
Party Comr	nittee: (National, State (Demo	ocratic
(d) This	` committee is a	lican, etc.) Party
		oor Organization operative egated fund or party
(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 (Hybr	rid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundr	raising Representative:	
(1)	committee collects contributions, pays fundraising expenses and disburses net proceeds for to imittees/organizations, at least one of which is an authorized committee of a federal candidate	·
(1)	committee collects contributions, pays fundraising expenses and disburses net proceeds for tamittees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committee	es Participating in Joint Fundraiser	
1.	C	

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٧	Vrite or Type Committee Name		<u> </u>
	VIGOR PAC		
3.		ganization, Affiliated Committee, Joint Fundraising Representative,	, or Leadership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Represent	tative Leadership PAC Sponsor
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the perso	n in possession of committee
	Strong, Ber	ton	
	Full Name		
	Mailing Address	5555 N Channel Ave, Bldg 71	
		Portland	97217
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	503 - 247 - 1777
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee ssistant treasurer).	e; and the name and address of
	Full Name Strong, Ber	ton, , ,	1
	of Treasurer	15555 N Channel Ave, Bldg 71	
	Mailing Address		
		Portland OR	97217
	-u - u	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		500 047 4777
	Treasurer	Telephone number	503 - 247 - 1777

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Full Name of Designated Agent	Collins, Frank, , ,				
Mailing Address	5555 N Channel Ave, Bldg 71				
	Portland	OR 97217			
Title or Position		STATE A	ZIP CODE ▲		
Chair	Telephone numb	er 503 -	247 - 1777		
	Depositories: List all banks or other depositories in which the committee exes or maintains funds.	deposits funds, holds	s accounts, rents		
Name of Bank, [Depository, etc.				
	Bank of America				
Mailing Address	PO Box 25118				
	Tampa	FL 33622			
	CITY ▲ S	STATE A	ZIP CODE ▲		
Name of Bank, Depository, etc.					
Mailing Address					
	CITY ▲ S	STATE A	ZIP CODE ▲		