

\*RECEIVED FEC MAIL CENTER 2017 NOV -7 PM 12: 01

760 SW Ninth Ave., Suite 3000 Portland, OR 97205 T. 503.224.3380 F. 503.220.2480 www.stoel.com

October 26, 2017

ROBERT D. VAN BROCKLIN
D. 503.294.9660
bob.vanbrocklin@stoel.com

## CERTIFIED MAIL RETURN RECEIPT REQUESTED

Federal Election Commission 999 E Street, NW Washington, D.C. 20463

Re: Stoel Rives Federal Political Action Committee (FEC No. C00289165)

Statement of Organization Amendment

Dear Sir or Madam:

Please find enclosed a Statement of Organization Amendment for the Stoel Rives Federal PAC ("PAC") which changes the Treasurer of the PAC from me to Saskia de Boer effective immediately. Please note this change in the FEC's records.

Robert D. Van Brocklin

Enclosure

cc: Saskia de Boer Penny Serrurier

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## 2017-11-07-03-00180241

FEC FORM 1

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## STATEMENT OF ORGANIZATION

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Office Use Only

			<u> </u>	
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
STOEL RIVES FEDERAL POLIT	TICAL ACTION COMMITTEE			
ADDRESS (number and street)	760 SW NINTH AVENUE			
(Check if address is changed)	SUITE 3000	1111111	1 1 1 1 1 1 1	
is changed)	PORTLAND		OR 97205	
	CITY A		STATE A	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			!
☐	1,,,,,,,,,			
is changed)	Optional Second E-Mail Add	dress ,		
COMMITTEE'S WEB PAGE ADI	DRESS (URL)		·	
(Check if address is changed)	1			
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[~~~~~~] / <b>[~~</b> ~~			•	
2. DATE 10 2				
3. FEC IDENTIFICATION NU	UMBER ▶ C 00	289165		
<u>√~</u>	7i	[T]		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief i	t is true, correct and co	omplete.
Time or Drint Name of Transcript	Saskia de Boer			
Type or Print Name of Treasure			-	<del> </del>
Signature of Treasurer	fal MOIS	e	Date Date	25/2017
NOTE: Submission of false, errone	•	may subject the person signing		nalties of 52 U.S.C. §30109
Office	,	For further information of		EC FORM 1
Use Only		Federal Election Commiss Toll Free 800-424-9530		Revised 06/2012)

Page	2

EC Form 1	(Revised	02/2009)
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	. F	EC FO	orm 1 (Hevised 02/2009)	Page 2
5.	TYPE	OF C	COMMITTEE	
	Candidate 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 t information below.)	he candidate
	Name Cand			
	Cand Party	lidate Affiliati	tion Sought: House Senate President	tate
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand			
	Part	v Con	mmittee:	
	(d)		(National, State (Demo	cratic, lican, etc.) Party
	Polit	tical A	Action Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	l organization is a
		,	Corporation Corporation w/o Capital Stock Laboration	or Organization
			Membership Organization Trade Association Coo	perative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregal committee. (i.e., nonconnected committee)	ed 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	draising Représentative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, none of which is an authorized committee of a federal candidate.	ore political
		-		
		Com	nmittees Participating in Joint Fundraiser	
		1.	FEC ID number	
		2.	FEC ID number	.^
		3.	FEC ID number	
		4.	FEC ID number	7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Write or Type Committee Name  Name of Any Connected Organization, Affiliated Committee, Joint Fundralising Representative, or Leadership PAC Sponsor  CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundralising Representative Leadership PAC Sponsor  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee on the person of the person in possession of committee on the person of the person in possession of committee on the person of the person in possession of committee on the person of the person in possession of committee on the person of the person in possession of committee on the person of the person in possession of committee on the person of the person in possession of committee on the person of the person in possession of committee on the person of the person of the person in possession of committee on the person of th			•
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor  CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spon  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committe books and records.  Full Name Address Suite 3000  Portland Portland OR 97205  Title or Position CITY STATE ZIP CODE  Firm Executive Assistant Telephone number optional) of the treasurer of the committee, and the name and address of any designated agent (e.g., assistant treasurer).  Full Name Saskia de Boer of Treasurer Saskia de Boer Of Treasure	FEC Form 1 (Revised	02/2009)	Page 3
Mailing Address  CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spon  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Shannon Gale  Full Name Suite 3000  Portland OR 97205  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 Saskia de Boer Of Treasurer  Alling Address  Saskia de Boer Of Treasurer  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 Saskia de Boer Of Treasurer  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 Saskia de Boer Of Treasurer  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 Saskia de Boer Of Treasurer  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).	Write or Type Committee Nar	ne	
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Shannon Gale  Full Name	Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising	g Representative DLeadership PAC Sponso
Full Name  760 SW Ninth Avenue  Mailing Address  Suite 3000  Portland  OR  97205  Title or Position  CITY  STATE  ZIP CODE  Firm Executive Assistant  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  Saskia de Boer  of Treasurer  Address  Suite 3000  Portland  OR  97205  Title or Position  CITY  STATE  ZIP CODE  Title or Position  Treasurer  CITY  STATE  ZIP CODE		entify by name, address (phone number optional) and posi	tion of the person in possession of committe
Mailing Address  Title or Position  CITY  STATE  ZIP CODE  Firm Executive Assistant  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  Saskia de Boer of Treasurer  Treasurer  Saskia de Boer of Treasurer  Telephone number  Telephone n	•	on Gale	
Suite 3000  Portland  Portland  OR  97205  Title or Position  CITY  STATE  ZIP CODE  Firm Executive Assistant  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  Mailing Address  Suite 3000  Portland  OR  97205  CITY  STATE  ZIP CODE  Title or Position  Treasurer  Title or Position  Treasurer  State  ZIP CODE	Full Name LLL	, 760 SW Ninth Avenue	
Title or Position  CITY  STATE  ZIP CODE  Firm Executive Assistant  Telephone number  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  Saskia de Boer  of Treasurer  Too SW Ninth Avenue  Mailing Address  Suite 3000  Portland  Portland  CITY  STATE  ZIP CODE  Title or Position  Treasurer	. Mailing Address	Suite 3000	
Firm Executive Assistant  Telephone number  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 Saskia de Boer of Treasurer  Mailing Address  Suite 3000  Portland  CITY  STATE  ZIP CODE  Title or Position Treasurer  503 294 9528  Tolephone number  CITY  STATE  ZIP CODE		Portland	OR 97205
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 Saskia de Boer of Treasurer  760 SW Ninth Avenue  Mailing Address  Suite 3000  Portland  OR  97205  CITY STATE ZIP CODE  Title or Position  Treasurer  503 294 9246	Title or Position	CITY	STATE ZIP CODE
any designated agent (e.g., assistant treasurer).  Full Name	Firm Executive Assistant	Telephone nu	503 294 9528 mber
of Treasurer  760 SW Ninth Avenue  Mailing Address  Suite 3000  Portland  OR  97205  Title or Position  Treasurer  503 1 294 1 9246			e committee; and the name and address of
Mailing Address  Suite 3000  Portland  CITY  STATE  ZIP CODE  Title or Position  Treasurer  503 1 294 1 9246		<u>, , , , , , , , , , , , , , , , , , , </u>	<del></del>
Portland OR 97205  CITY STATE ZIP CODE  Title or Position Treasurer  503 1 294 1 9246	Mailing Address		
CITY STATE ZIP CODE  Title or Position  Treasurer  1 503 1 294 1 9246			OP 97205
Title or Position Treasurer 1503 1 294 1 9246			
	Treasurer		, 503 , , 294 , , 9246

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FEC Form 1 (Revis	ed 02/2009)		Page 4
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Full Name of Designated Penny Agent	Serrurier		
Mailing Address	760 SW Ninth Avenue		
	Portland	OR OR	97206
	CITY	STATE	ZIP CODE
Title or Position Assistant Treasurer		Telephone number	
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in	which the committee deposits f	unds, holds accounts, rents
Name of Bank, Depository			<i>3</i> − • • • • • • • • • • • • • • • • • •
K <sub>l</sub> e <sub>l</sub> y	<sub>i</sub> B <sub>i</sub> a <sub>i</sub> n <sub>i</sub> k <sub>i                                      </sub>		
Mailing Address	1211 S W Fifth Avenue		
v	5th Floor		
	$P_i o_i r_i t_i l_i a_i n_i d_i$	Q R	97204   -
	CITY	STATE	ZIP CODE
Name of Bank, Depository	, etc.		
L	<del></del>		
Mailing Address		<del>      </del>	
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:			
•	CITY	STATE	ZIP CODE



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CERTIFIED MAIL RETURN RECEIPT REQUESTED

Federal Election Commission 999 E Street, NW Washington, D.C. 20463

2017 NOV -7

Federal Election Co- ENVELOPE REPLACEMENT PAGE FO The FEC added this page to the end of this fil	R INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registrati	Date of Receipt on Office
Received from Senate Public Records Office	Date of Receipt ce
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
nf	ル/チ/2017 DATE PREPARED
PREPARER	DATE PREPARED

PREPARER (3/2015)