Only

STATEMENT OF

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FEC 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 232 NE 9th Ave ADDRESS (number and street) (Check if address is changed) Portland 97232 OR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cindy@dpo.org (Check if address 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 02 2020 C00188367 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. Morales, Eddy, , , Type or Print Name of Treasurer Morales, Eddy,,, [Electronically Filed] 09 02 2020 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE	i age £			
Can	andidate 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. (Cominformation below.)	plete the candidate			
Nam Cand	e of didate					
	didate / Affiliati	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	ty Con	nmittee:				
(d)	×	This committee is a STA (National, State or subordinate) committee of the DEM	(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 cor	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 secommittee. (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 Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political			
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

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Write or Type Committee Name		
Democratic Pai	rty of Oregon	
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
ASDC Partnership Pro	ogram	
Mailing Address	430 South Capitol St.SE	
	Washington DC 2	0003
	CITY STATE	ZIP CODE
	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the persor	ı in possession of committee
Moody, C	ynthia, , ,	
	232 NE 9th Ave.	
Mailing Address		
	Portland , OR , 9	07221
	on and	
Title or Position	CITY STATE	ZIP CODE
Compliance Director	Telephone number 503	8627
3. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name Morales, E	Eddy, , ,	1
of Treasurer	232 NE 9th Ave	
Mailing Address		
		7232
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 503	8627

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE Z	
Title or Position		
Banks or Other safety deposit box Name of Bank, D	xes or maintains funds.	
safety deposit box	xes or maintains funds. Depository, etc.	
safety deposit box Name of Bank, D	pepository, etc. Bank of America	
safety deposit box Name of Bank, D	Portland OR Pepository, etc. OR Portland OR Portland OR Portland	ZIP CODE
safety deposit box Name of Bank, D	Portland CITY STATE Zepository, etc. Pepository, etc. OR 97204	ZIP CODE
safety deposit box Name of Bank, D Mailing Address	Portland CITY STATE Zepository, etc. Pepository, etc. OR 97204	ZIP CODE
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	Portland CITY STATE Zepository, etc.	ZIP CODE
safety deposit box Name of Bank, D Mailing Address	Pepository, etc. Bank of America 1001 SW Fifth Portland CITY STATE Z City National Bank	ZIP CODE
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	Portland CITY STATE Z Z Z Z Z Z Z Z Z Z Z Z Z	ZIP CODE
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	Pepository, etc. Bank of America 1001 SW Fifth Portland CITY STATE Z City National Bank	ZIP CODE

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

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected Democratic Nation	Organization, Affiliated Committee, Joint Fundrai	sing Representativ	e, or Leadership PAC Sponsor
	Mailing Address	430 South Capitol St.SE		
		Washington	DC	20003
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Tele	ephone Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which the intains funds.	ne committee deposi	ts funds, holds accounts, rents
	Depository, etc.			
		1101 SW Washington St.		I
	Mailing Address	1101 SW Washington St.		
	Mailing Address	1101 SW Washington St.		
	Mailing Address	Portland	OR	97205

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3		FEC ID number	С
4		FEC ID number	С
Name of Any Connected Oregon Victory F	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	232 NE 9th Ave		
	Portland	OR	97232
		STATE ▲	ZIP CODE ▲
		at Fundraising Representa	ative Leadership PAC Sp
Connect			ative Leadership PAC Spo
Connecte Designated Agent: Identi	ed Organization Affiliated Committee		ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee	at Fundraising Representation	
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	ed Organization Affiliated Committee Join Join Join Join Join Join Join Joi	at Fundraising Representation	
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION CONTROL CONT	Affiliated Committee	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Deposit afety deposit boxes or make the deposit boxes or make the deposit boxes or make the depository, etc.	Affiliated Committee Affiliated Committee Affiliated Committee City by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which naintains funds. Of America	STATE A	ZIP CODE A

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number C	
	4.		FEC ID number C	
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative, or Leadership PAC	Sponsor
	Biden Victory Fun	d 		
		430 South Capitol Street, SE		
	Mailing Address	<u> </u>		
		Washington	20002	
	Polyto vality	Washington	DC 20003	
	Relationship:	CITY A	STATE ▲ ZIP COD	DE A
	Connected	d Organization Affiliated Committee	Fundraising Representative Leadership	PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Full Name			
	Mailing Address	CITY A	STATE A ZIP CODE	
		•	STATE ▲ ZIP CODE	
	Mailing Address	•		
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor	ries: List all banks or other depositories in which	STATE ▲ ZIP CODE	
9.	Mailing Address TITLE OR POSITION	ries: List all banks or other depositories in which	STATE ▲ ZIP CODE	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main	ries: List all banks or other depositories in which	STATE ▲ ZIP CODE	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Amalga	ries: List all banks or other depositories in which intains funds.	STATE ▲ ZIP CODE	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds. amated Bank	STATE ▲ ZIP CODE	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds. amated Bank	STATE ▲ ZIP CODE	

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	ing Participant:		
1		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connecte	d Organization, Affiliated Committee, Joint F	undraising Representativ	ve, or Leadership PAC Sponso
Democratic Gras	ssroots Victory Fund		
Mailing Address	430 South Capitol St. SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number – optiona	al)	
Designated Agent: Ident	ify by name, address (phone number – optional	al)	
	ify by name, address (phone number – optional	al)	
Full Name	ify by name, address (phone number – options	al)	
Full Name	ify by name, address (phone number – options	al)	
Full Name	CITY A	al) STATE	ZIP CODE A
Full Name Mailing Address	CITY A		ZIP CODE A

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5(a)	or(h). Joint Fundraisin	g Participant:		
- (3)	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	4.			
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Oregon Blue Wave	e Victory Fund		
	Mailing Address	918 Pennsylvania Ave SE		
		1		
		Washington	DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	I Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		
	TITLE OR POSITION	CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	1	lephone Number	
9.	Banks or Other Depositor	ries: List all banks or other depositories in which	the committee deposit	s funds, holds accounts, rents
	safety deposit boxes or ma	intains funds.		
	Name of Bank, Depository, etc.	intains funds.	1 1 1 1 1 1	
	Name of Bank,	intains funds.		
	Name of Bank, Depository, etc.	intains funds.		
	Name of Bank, Depository, etc.	intains funds.		