

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Cliff Bentz for Congress

ADDRESS (number and street) 660 Morgan Ave

(Check if address is changed)

Ontario OR 97914  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  (Check if address is changed) llisker@hdapec.com

Optional Second E-Mail Address  
nickstrader@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)  (Check if address is changed) https://www.cliffbentz.com

2. DATE 03 / 23 / 2022

3. FEC IDENTIFICATION NUMBER C C00725465

4. 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.

Type or Print Name of Treasurer Lisker, Lisa, , ,

Signature of Treasurer Lisker, Lisa, , , [Electronically Filed] Date 03 / 23 / 2022

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.

5. TYPE OF 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 the candidate information below.)

Name of Candidate Bentz, Cliff, , Mr.,

Candidate Party Affiliation  REP  Office Sought:  House  Senate  President State  OR District  02

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

# Cliff Bentz for Congress

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

GT FARM TEAM III

Mailing Address PO BOX 30844  
 SUITE 401  
 BETHESDA MD 20824  
 CITY STATE ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Lisker, Lisa, , ,  
 Mailing Address 228 S. Washington St.  
 Ste. 115  
 Alexandria VA 22314  
 CITY STATE ZIP CODE  
 Title or Position  
 Treasurer Telephone number 703 - 549 - 7705

**8. 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 Lisker, Lisa, , ,  
 Mailing Address 228 S. Washington St.  
 Ste. 115  
 Alexandria VA 22314  
 CITY STATE ZIP CODE  
 Title or Position  
 Treasurer Telephone number 703 - 549 - 7705

Full Name of Designated Agent

Moose, Taylor, , ,

Mailing Address

228 S. Washington St.

Ste. 115

Alexandria

VA

22314

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

703

549

7705

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

US Bank

Mailing Address

281SW First St

Ontario

OR

97914

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Wells Fargo Bank

Mailing Address

8302 Woodmont Avenue

Bethesda

MD

20824

CITY

STATE

ZIP CODE