

**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

Romero For Senate

ADDRESS (number and street)

1601 Gem Drive



(Check if address is changed)

PO Box 713

Roseburg

CITY ▲

OR

STATE ▲

97471

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

romero4oregon@gmail.com

Optional Second E-Mail Address

paul.pj.romero@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

www.romero4oregon.com

2. DATE

MM / DD / YYYY
11 / 01 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00725523

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 Boniface, Lynette, D, Mrs.,

Signature of Treasurer

Boniface, Lynette, D, Mrs.,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 01 / 2019

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

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

Romero, Paul, Joseph, Mr., Jr.

Candidate
Party Affiliation

REP

Office
Sought:

House

☒

Senate

☐ President

State

OR

District

00

- (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. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |

Write or Type Committee Name

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

NONE

Mailing Address

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

Boniface, Lynette, D, Mrs.,

Mailing Address

PO Box 6105

Goldbeach

OR

97444

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

541

425

0539

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

Boniface, Lynette, D, Mrs.,

Mailing Address

PO Box 6105

Goldbeach

OR

97444

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

541

425

0539

Full Name of
Designated
Agent

Dage, Debra, Lynn, Mrs.,

Mailing Address

PO Box 664

Winchester

CITY

OR

STATE

97495

ZIP CODE

Title or Position

Exec. Administrator

Telephone number

541

520

7212

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.

Mid Oregon Credit Union

Mailing Address

305 NE Hickey Farms Rd

Prineville

CITY

OR

STATE

97754

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: F1N
Transaction ID :

Romero for Senate

Form/Schedule:
Transaction ID:

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

Mailing Address

-

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Weese, Tammy, L, Mrs.,

Full Name

Mailing Address

PO Box

OR 97002 -

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Asst. Treasurer

Telephone Number

 503 - 806 - 96329. **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.

Mailing Address

-

CITY ▲ STATE ▲ ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

Mailing Address

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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Romero, Paul, Joseph, Mr., Jt.

Full Name

Mailing Address

PO Box 713

1601 Gem Dr.

Roseburg

OR

97471

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Candidate

Telephone Number

458

256

9437

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.

Mailing Address

-

CITY ▲

STATE ▲

ZIP CODE ▲