

FEC
FORM 1

STATEMENT OF
ORGANIZATION

FEC PUBLIC RECORDS
APR 1 2024 PM 3:06

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

RY KRAFT FOR HOUSE OF REPRESENTATIVES

ADDRESS (number and street)

PO BOX 33043



(Check if address
is changed)

PORTLAND

CITY ▲

OR

STATE ▲

97292

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

RYKRAFT@HOTMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

2. DATE

04 / 01 / 2024

3. FEC IDENTIFICATION NUMBER ▶

C

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

RY KRAFT

Signature of Treasurer

[Signature]

Date

04 / 01 / 2024

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 03/2022)

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 RY. KRAFT

Candidate Party Affiliation DEM Office Sought: ☒ House ☐ Senate ☐ President State OR District

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

Name of Candidate RY. KRAFT

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.)
- (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 (Hybrid PAC).
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) ☐ 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.
- (j) ☐ 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.

2.

C

C

2024-04-01 00:00:00

RY KRAFT FOR HOUSE OF REPRESENTATIVES

_____ - _____

ZIP CODE ▲

RYAN OLIVIER CHRISTIAN KRAFT

~~PU KRAFT FOR HOUSE OF~~

P.O. Box 33843

PORTLAND

10R

97292

ZIP CODE ▲

BOOKKEEPER

Telephone number 503-919-6060

RYAN OLIVIER CHRISTIAN KRAFT

PO BOX 33043

PORTLAND

10.8

1972.92

ZIP CODE ▲

TREASURER

Telephone number 503-919-6060

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

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.

CHASE

Mailing Address

811 SW 6TH AVE

PORTLAND

OR

97204

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Optional Supplemental Information
for Lines 5(i) or (j), 6, 8 and/or 9

5(i) or (j). Joint Fundraising Participant:

1. _____
2. _____
3. _____
4. _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

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)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

_____-_____-_____

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 ▲

Hand Delivered

2024-04-01 00:00:00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

☒

Hand Delivered

Public Records

Date of Receipt

4/1/24

☐

USPS First Class Mail

Date of Receipt

☐

USPS Registered/Certified

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☐

USPS Priority Mail

Postmarked

☐

USPS Priority Mail Express

Postmarked

☐

Postmark Illegible

☐

No Postmark

☐

Overnight Delivery
Service (Specify):

Shipping Date

Date of Receipt

Next Business Day Delivery

☐☐

Received via FAX

Date of Receipt

☐

Received via Email

Date of Receipt

☐

Received from Electronic Filing Office

Date of Receipt

☐

Other (Specify):

Date of Receipt or Postmarked

WPD

PREPARER

(4/2023)

4/1/24

DATE PREPARED

2024-04-01 10:00:00