

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

R.Y. 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

R.Y. 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:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative
<input type="checkbox"/> 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)

<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.	<input type="checkbox"/> In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
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(g) This committee is an independent expenditure-only political committee (Super PAC).

<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.		
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(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.		
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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. C 2. C

Write or Type Committee Name

RY KRAFT FOR HOUSE OF REPRESENTATIVES6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

-

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.RYAN OLIVIER CHRISTIAN KRAFT

Full Name

RY KRAFT FOR HOUSE OF

Mailing Address

P.O. BOX 33043-

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

BOOKKEEPER

Telephone number

503-919-60608. 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 TreasurerRYAN OLIVIER CHRISTIAN KRAFT

Mailing Address

P.O. BOX 33043-

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

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

1811 SW 6TH AVE

PORTLAND

OR

97204-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt	4/1/24
<i>Public Records</i>		
<input type="checkbox"/> USPS First Class Mail	Date of Receipt	
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)	
<input type="checkbox"/> USPS Priority Mail	Postmarked	
<input type="checkbox"/> USPS Priority Mail Express	Postmarked	
<input type="checkbox"/> Postmark Illegible		
<input type="checkbox"/> No Postmark		
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date	Date of Receipt
	Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received via FAX	Date of Receipt	
<input type="checkbox"/> Received via Email	Date of Receipt	
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt	
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked	
<i>WPS</i> PREPARER (4/2023)	4/1/24 DATE PREPARED	

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