

**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

**BLUMENAUER CENTURY FUND**

ADDRESS (number and street)

1631 NE Broadway

☒ (Check if address is changed)

#343

Portland

CITY ▲

OR

STATE ▲

97232

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

kathieeastmantell@comcast.net

Optional Second E-Mail Address

whitney@whitneyburns.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

None

2. DATE

MM / DD / YYYY  
05 / 01 / 2022

3. FEC IDENTIFICATION NUMBER ►

C C00415992

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 Pomeroy, Julia, , ,

Signature of Treasurer Pomeroy, Julia, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 02 / 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.

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 \_\_\_\_\_

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

- (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. | COMMITTEE FOR A LIVABLE FUTURE | FEC ID number | C | C00323352 |
| 2. | BLUMENAUER FOR CONGRESS        | FEC ID number | C | C00307314 |
| 3. | _____                          | FEC ID number | C | _____     |
| 4. | _____                          | FEC ID number | C | _____     |

Write or Type Committee Name

**BLUMENAUER CENTURY FUND****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

Eastman Tell, Kathie, , ,

Mailing Address

1631 NE Broadway

#343

Portland

OR

97232

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

503

235

3399

**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

Pomeroy, Julia, , ,

Mailing Address

1631 NE Broadway

#343

Portland

OR

97232

Title or Position  
Treasurer

CITY

STATE

ZIP CODE

Telephone number

503

235

3399

Full Name of  
Designated  
Agent

Tell, Kathie, Eastman, ,

Mailing Address

1631 NE Broadway

#343

Portland

CITY

OR

STATE

97232

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.

Rivermark Credit Union

Mailing Address

2537 SE Hawthorne Blvd.

Portland

CITY

OR

STATE

97214

ZIP CODE

Name of Bank, Depository, etc.

Beneficial State Bank

Mailing Address

2002 NE MLK Jr. Blvd

Portland

CITY

OR

STATE

97212

ZIP CODE