FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Democratic Party of Oregon 1220 SW Morrison St., Ste 910 ADDRESS (number and street) (Check if address is changed) Portland 97205 OR CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@dpo.org is changed) Optional Second E-Mail Address treasurer@dpo.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.dpo.org (Check if address is changed) DATE 2024 C00188367 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) 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 Simpson, Ashton, , Date 06 12 2024 Signature of Treasurer Simpson, Ashton, , , 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	C Form 1 (Revised 03/2022) Page	2
	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 Office State Party Affiliation Sought: House Senate President	
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee: (d) This committee is a STA (National, State or subordinate) committee of the DEM (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	ion is a:
	Corporation Corporation w/o Capital Stock Labor Organization	
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or procommittee. (i.e., nonconnected committee)	arty
	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 politic committees/organizations, at least one of which is an authorized committee of a federal candidate.	tical
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, none of which is an authorized committee of a federal candidate.	tical
	Committees Participating in Joint Fundraiser	
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V	Vrite or Type Committee Name	, of Oromor	
_	Democratic Party		etive ou leadarchia BAO Orango
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	ASDC Partnership Pr	ogram 	
	Mailing Address	430 South Capitol St.SE	
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		₁ Washington	2 1 20003
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Repre	esentative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the p	person in possession of committee
	Manlove, A	melia, , ,	
	Full Name		
	Mailing Address	1220 SW MORRISON ST	
		Suite 910	
		PORTLAND	R 97205
	Title or Desition —	CITY ▲ STAT	E ▲ ZIP CODE ▲
	Title or Position ▼		. 502
	Compliance Director	Telephone number	503 239 8638
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the comm ssistant treasurer).	nittee; and the name and address of
	Full Name Simpson, A	shton, , ,	
	of Treasurer	1220 SW Morrison St Ste 910	
	Mailing Address	1220 GW Mornison of the STO	
		Portland	R 97205
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	503 - 239 - 8638

FEC Form 1 (Revised 02/2009)		Page 4
Full Name of Designated Agent Mailing Address	Manlove, Amelia, , , 1220 SW Morrison St., Ste 910 Portland	OR	97205
Title or Decition —	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position ▼ Assistant Treasure	Telephone	number 5	503 - 239 - 8638
	epositories: List all banks or other depositories in which the comes or maintains funds.	mittee deposits	funds, holds accounts, rents
Name of Bank, De	pository, etc.		
Mailing Address	City National Bank 2029 Century Park E Ste. 100 Los Angeles	CA	90067
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, De	pository, etc.		
ا	Beneficial State Bank		
Mailing Address	1101 SW Washington St.		
	Portland	OR	97205
	CITY ▲	STATE ▲	ZIP CODE ▲

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Democratic National			
Mailing Address	430 South Capitol St.SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
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h). Joint Fundraisi	ng Participant:		
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Biden Victory Fund			
Mailing Address	430 South Capitol Street, SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
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		SUITE 360					
		WASHINGTON			DC	20001	
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