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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Progressive Billboards Action Committee 10824 SE Oak St num 185 ADDRESS (number and street) (Check if address is changed) Milwaukie 97222 OR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS billboards2020mail@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00755959 FEC IDENTIFICATION NUMBER > 3. X 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. Pennington, Craig, , , Type or Print Name of Treasurer Pennington, Craig,,, [Electronically Filed] 80 2020 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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	orm 1 (Revised 02/2009)  COMMITTEE	Page <b>2</b>
	e 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion 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 Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
_	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC <b>Form 1</b> (Revised (	02/2009)	Page <b>3</b>
Write or Type Committee Name	<del></del>	
Progressive Bill	lboards Action Committee	
<u>_</u>	Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	7ID CODE
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ul> <li>Custodian of Records: Ider books and records.</li> </ul>	ntify by name, address (phone number optional) and position of the persor	in possession of committee
Penningto	n, Craig, , ,	
Full Name	,10824 SE Oak St num 185	
Mailing Address		
		77222
	Milwaukie OR 9	7222
Title or Position	CITY STATE	ZIP CODE
1	971 Telephone number	-  319  -  4133
	Telephone number	
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name Penningtor	n, Craig, , ,	1
Mailing Address	10824 SE Oak St num 185	
Maning / Mar 033		
	Milwaukie   OR   19	7222
	CITY STATE	ZIP CODE
Title or Position	971 Telephone number	-  319  -  4133
1		

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Full Name of Designated	1	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		-1 1-1
	Telephone number	-   _   _   _
safety deposit b Name of Bank,	r Depositories: List all banks or other depositories in which the committee deposits funds, loxes or maintains funds.  Depository, etc.	
safety deposit b	Depository, etc.  Bank of America  15005 SE McLoughlin Blvd	267
safety deposit b Name of Bank,	Depository, etc.  Bank of America  15005 SE McLoughlin Blvd	267 
safety deposit b Name of Bank,	Depository, etc.  Bank of America  15005 SE McLoughlin Blvd  Milwaukie  OR  972	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Bank of America  15005 SE McLoughlin Blvd  Milwaukie  OR  972	ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Bank of America  15005 SE McLoughlin Blvd  Milwaukie  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Bank of America  15005 SE McLoughlin Blvd  Milwaukie  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Bank of America  15005 SE McLoughlin Blvd  Milwaukie  CITY  STATE  Depository, etc.	ZIP CODE