Only

PAGE 1/9 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Lori Chavez-DeRemer for Congress 11805 SE Eastbourne Lane ADDRESS (number and street) (Check if address is changed) Happy Valley OR 97086 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS info@lorichavezderemer.com (Check if address is changed) Optional Second E-Mail Address loripiercy@centurylink.net COMMITTEE'S WEB PAGE ADDRESS (URL) www.LoriChavezDeRemer.com (Check if address is changed) DATE 2021 C00784520 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. Chavez-DeRemer, Lori, , , Type or Print Name of Treasurer Chavez-DeRemer, Lori,,, [Electronically Filed] Date 08 07 2022 Signature of Treasurer 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	EC 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 information below.)	candidate
	Name of Candidate Chavez-Deremer, Lori, ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State OR  District 05
	(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 Republican, e	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 Org	anization
	Membership Organization Trade Association Cooperation	ve .
	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 committee. (i.e., nonconnected committee)	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.)	
	(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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

•	FEC Form 1 (Revised	02/2009)	Page <b>3</b>
٧	Vrite or Type Committee Nam	ie .	
	Lori Chavez-D	DeRemer for Congress	
6.	=	Organization, Affiliated Committee, Joint Fundraising Represent R SKARLATOS VICTORY 2022	tative, or Leadership PAC Sponsor
	Mailing Address	PO BOX 23696	
		TIGARD	R 97281 -
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Relationship: Connecte	d Organization Affiliated Organization X Joint Fundraising Rep	resentative Leadership PAC Sponso
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the	person in possession of committee
	Piercy, Lo	ori, , ,	
	Full Name		
	Mailing Address	29993 Maple Drive	
		Rainier	R 97048
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Title or Position ▼		
	Asst. Treasurer	Telephone number	503 - 816 - 7131
8.	Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the com, assistant treasurer).	mittee; and the name and address of
	Full Name Chavez-D	DeRemer, Lori, , ,	
	of Treasurer		
	Mailing Address	11805 SE Eastbourne Lane	
		Happy Valley	DR 97086
	Title or Position ▼	CITY ▲ STA	TE ▲ ZIP CODE ▲
		Telephone number	503 - 732 - 0334

FEC <b>Form</b>	1 (Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent	Piercy, Lori, , ,		
Mailing Addres	29993 Maple Drive		
	Rainier	OR 97048	
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Asst. Treasure		phone number 503	816 - 7131
	r Depositories: List all banks or other depositories in which the poxes or maintains funds.	e committee deposits funds, holds	accounts, rents
Name of Bank,	Depository, etc.		
	Columbia Bank		
Mailing Address	15820 SE Happy Valley Town Ctr Dr		
	Happy Valley	OR 97086	
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank,	Depository, etc.		
	Evolve Bank & Trust		
Mailing Address	301 Shoppingway Blvd		
	West Memphis	AR 72301	
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

5(g) o	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	=	Organization, Affiliated Committee, Joint Fundrais 05 REPUBLICAN NOMINEE FUND 202		e, or Leadership PAC Sponsor
	Mailing Address	PO Box 30844		
		Bethesda	MD	20824
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Affiliated Committee Joint Full	ndraising Representa	ative Leadership PAC Sponsor
8.		by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Telep	hone Number	
	Panka ar Othar Danasita	ries: List all banks or other depositories in which the	committee deposit	
	safety deposit boxes or ma		committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.	intains funds.	. Committee deposit	s funds, holds accounts, rents
	safety deposit boxes or ma	intains funds.  Ja Bank		s funds, holds accounts, rents
	Name of Bank, Depository, etc.	intains funds.  Ja Bank  6610 SW Cardinal Lane		
	Name of Bank, Depository, etc.	intains funds.  Ja Bank	OR OR	s funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisi</b> r	1	FEC ID number	C
1.			
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
LORI CHAVEZ-D	EREMER VICTORY		
Mailing Address	PO BOX 23696		
	TIGARD	OR	97281
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito	y by name, address (phone number – optional)  CITY   Te	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or materials and the control of the control	y by name, address (phone number – optional)  CITY   Te	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or make the property of the pr	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which saintains funds.	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing and grants and grants. Chain	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which a aintains funds.  Bridge Bank	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which a aintains funds.  Bridge Bank	STATE A lephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_\_ **of** \_\_\_\_

5(g) c	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	
	2.		FEC ID number (	
	3.		FEC ID number (	
	4.		FEC ID number	
6.	=	Organization, Affiliated Committee, Joint Fundr	aising Representative,	or Leadership PAC Sponsor
	JERRY CARL CA	NDIDATE FUND		
		PO BOX 852138		1
	Mailing Address			
		MOBILE	AL L	36685
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representative	/e Leadership PAC Sponsor
8.				
	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name	by name, address (phone number – optional)		
		by name, address (phone number – optional)		
	Full Name	by name, address (phone number – optional)		
	Full Name	by name, address (phone number – optional)		
	Full Name	CITY	STATE A	ZIP CODE A
	Full Name	CITY A		
	Full Name      Mailing Address  TITLE OR POSITION	CITY A	STATE ▲  lephone Number	ZIP CODE A
	Full Name      Mailing Address  TITLE OR POSITION	CITY   CITY   Te  ries: List all banks or other depositories in which	STATE ▲  lephone Number	ZIP CODE A
9.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail	CITY   CITY   Te  ries: List all banks or other depositories in which	STATE ▲  lephone Number	ZIP CODE A
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Wells	CITY   CITY   Te  ries: List all banks or other depositories in which aintains funds.	STATE ▲  lephone Number	ZIP CODE A
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	CITY   CITY   Te  ries: List all banks or other depositories in which aintains funds.  Fargo Bank	STATE ▲  lephone Number	ZIP CODE A
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	CITY   CITY   Te  ries: List all banks or other depositories in which aintains funds.  Fargo Bank	STATE ▲  lephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page 8 of 9

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
6.		Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	NRCC OREGON	VICTORY		
	Mailing Address	320 1ST STREET, SE		
		WASHINGTON	DC L	20003
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
3.	Designated Agent: Identify	by name, address (phone number - optional)		
3.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	CITY	STATE A	ZIP CODE A
3.	Full Name	CITY A	STATE A	
3.	Full Name	CITY A		
3.	Full Name   _   _   _    Mailing Address  TITLE OR POSITION	CITY A  Tele  ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
3.	Full Name Mailing Address  TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A  Tele  ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
3.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor	CITY A  Tele  ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
3.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail. Name of Bank,	CITY A  Tele  ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
3.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A  Tele  ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
3.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A  Tele  ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisin</b>	y p		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC Sp
	Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify  Full Name		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify  Full Name		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY   CITY   Tes: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	by name, address (phone number – optional)  CITY   CITY   Tes: List all banks or other depositories in which	STATE A	ZIP CODE A