Only

STATEMENT OF

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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. Oregon Right to Life Victory PAC 4335 River Rd N ADDRESS (number and street) (Check if address is changed) Salem 97303 OR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS janj@ortl.org (Check if address is changed) Optional Second E-Mail Address |david@ortl.org COMMITTEE'S WEB PAGE ADDRESS (URL) ortlpac.org (Check if address is changed) DATE 2015 C00592303 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. Anderson, Lois, C.,, Type or Print Name of Treasurer Anderson, Lois, C.,, [Electronically Filed] 02 06 2018 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

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected 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.	
(5)		_	areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

EEC Form 4 /Davids - 4 O	2/2000)	Dogo 2
FEC Form 1 (Revised 0 Write or Type Committee Name		Page 3
•		
	Life Victory PAC rganization, Affiliated Committee, Joint Fundraising Representative, or L	andership BAC Spanser
	iganization, Anniated Committee, John Fundraising Representative, of L	eadership PAC Sportsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Identi books and records.	tify by name, address (phone number optional) and position of the persor	n in possession of committee
Jacobs, Jar	n, , ,	
Mailing Address	4335 River Road N	
J J T T T T T T T T T T T T T T T T T T		
	Salem OR 9	7303
Title or Position	CITY STATE	ZIP CODE
	Telephone number 503	_ 463 8563
3. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and ssistant treasurer).	the name and address of
Full Name Anderson, I	_ois, C., ,	
Mailing Address	1220 Jays Dr N	
	Keizer OR 9	7303
Title or Position	CITY STATE	ZIP CODE
L	Telephone number 503	_ 463 8563

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	poxes or maintains funds.	
	Depository, etc. Columbia Bank 14260 River Road N	
Name of Bank,	Depository, etc. Columbia Bank 14260 River Road N	
Name of Bank,	Depository, etc. Columbia Bank 14260 River Road N	3 1 - - - -
Name of Bank,	Depository, etc. Columbia Bank 4260 River Road N	ZIP CODE
Name of Bank,	Depository, etc. Columbia Bank 4260 River Road N Keizer OR 97303	
Name of Bank, Mailing Address	Depository, etc. Columbia Bank 4260 River Road N Keizer OR 97303	
Name of Bank, Mailing Address	Depository, etc. Columbia Bank 4260 River Road N Keizer OR 97303	
Name of Bank, Mailing Address	Depository, etc. Columbia Bank 4260 River Road N Keizer CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Columbia Bank 4260 River Road N Keizer CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Columbia Bank 4260 River Road N Keizer CITY STATE Depository, etc.	

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: