

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Friends of Court Boice

ADDRESS (number and street) PO Box 643
 (Check if address is changed)
Gold Beach OR 97444
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) info@courtboiceforcongress.org
Optional Second E-Mail Address
rwiseland45@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed) courtboiceforcongress.org

2. DATE 04 / 24 / 2018

3. FEC IDENTIFICATION NUMBER C

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 Richard Wise

Signature of Treasurer *Richard Wise* Date 04 / 24 / 2018

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.

NOT RECORDED

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Empty grid lines for organization name.

Mailing Address

Empty grid lines for 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: Robert Steven Beyerlin

Mailing Address: 94575 Chandler Rd

Gold Beach OR 97444

Title or Position CITY STATE ZIP CODE

Campaign Mgr Telephone number 541 - 247 - 4138

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: Richard Wise

Mailing Address: PO Box 7682

Brookings OR 97415

Title or Position CITY STATE ZIP CODE

Chief of Staff Telephone number 541 - 661 - 0899

20110503 10:00:00 AM

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

5(g) or (h). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number
FEC ID number
FEC ID number
FEC ID number

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address _____

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

CITY ▲ STATE ▲ ZIP CODE ▲

8. **Designated Agent:** Identify by name, address (phone number - optional)

Full Name _____
Mailing Address _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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. _____

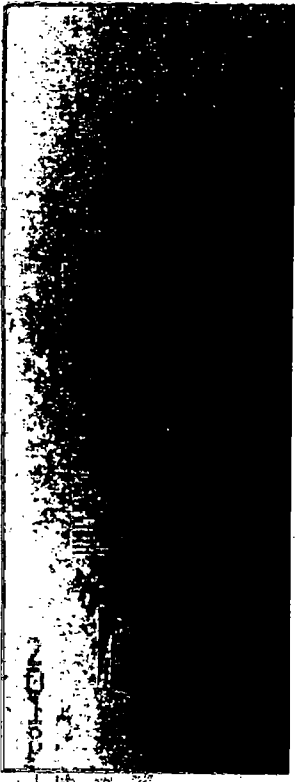
Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

2017-02-09 14:00:00

Box 1682
97415

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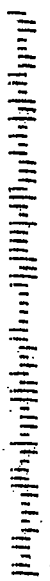
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

mf
 PREPARER

4/30/2018
 DATE PREPARED

20180410 10:01:01 AM EDT