FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction		•								
		`						Office	use only			
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple: If typyin the lines	g, type	12FE	4M5					
Oregon Victo	ory 2008	<u> </u>	111			1 1						
1	11111	111111	1 1 1		1 1 1 1	1 1	1 1	I I I		1 1	1 1	1
ADDRESS (number and	d street)	236 SE 10th Ave									ш	
(Check if add	dress						ш	ш	ш		ш	
is changed)		ortland			Ш	<b>OR</b>	]		97214	<u> </u>	ш	Ш
COMMITTEE'S E-MA	AIL ADDRESS		CITY			STATE	•		ZIP (	CODE .	•	
1		111111	1 1 1			1.1	1 1	1 1		1 1	1 1	, 1
								I I		1 1		
COMMITTEE'S WEE	B PAGE ADDRESS	(URL)										<del></del>
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1			111			1 1	1 1	1 1	1 1 1	1 1		
COMMITTEE'S FAX 5032950670  2. DATE 0	M / D D /	Y Y 0 0 8 Y										
3. FEC IDENTIFIC	ATION NUMBER		C C00	453258								
4. IS THIS STATE	MENT X N	EW (N) OR		AMENE	DED (A)							
I certify that I have exar	mined this Statement	and to the best of my kn	owledge an	d belief it is tru	ıe, correct ar	nd comple	te					
Type or Print Name o	f Treasurer	Kevin F Neely										
Signature of Treasure	er Electronically	Filed by <b>Kevin F N</b>	Neely			Date	<b>0</b> 9	M /	D 07	/ Y	Ý 0	0 8
NOTE: Submission of t		complete information ma			Ü		•		2 U.S.C.	S437g.		
Office Use Only				For further in Federal Elect Toll Free 800 Local 202-69	ion Commiss -424-9530				FEC F	_		

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5.	TYPE OF CO	DMMITTEE (Check One)					
	(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.)	e candidate				
	Name of Candidate						
	Candidate Party Affiliati	on 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 Comm						
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	Political Act	ion Committee (PAC):					
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:				
		Corporation Corporation w/o Capital Stock Lab	oor Organization				
		Membership Organization Trade Association Co	operative				
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Joint Fundra	sising Representative:					
	(g) X	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				
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.							
	Com	mittees Participating in Joint Fundraiser					
		Jeff Merkley for Oregon  1. FEC ID number C C004375	277				
		2. Democratic Party of Oregon FEC ID number C C00188	367				
		3. FEC ID number					
		4. FEC ID number					
		5   FEC ID number C					

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Write or Type Committee Name			
Oregon Victory 2008			
6. Name of Any Connected O	rganization, Affiliated Committee, Leadership	PAC Sponsor or Joint Fundra	ising Representative
Jeff Merkley for Oregon			
Mailing Address	PO Box 29136		
	Portland	QR [	97296
	CITY	STATE A	ZIP CODE
Relationship:			
Connected Organization	Affiliated Committee Lead	ership PAC Sponsor X Joi	nt Fundraising Representative
possession of Committee	lentify by name, address, (phone number e books and records.  F Neely  2236 SE 10th Ave		
	Portland	OR	97214 _
Title or Position ▼	CITY A	STATE Telephone number 503	ZIP CODE 1 295 1851
name and address of an	e and address (phone number optional) y designated agent (e.g., assistant treasu F Neely  2236 SE 10th Ave		nittee; and the
ivialing Address			
	Portland	OR	97214
Title or Position ♥	CITY A	STATE. <b>▲</b>	ZIP CODE A
Treasure	r	Telephone number 503	_ 295 _ 1851

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	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ▼	CITY A	STATE A	ZIP CODE A
			Telephone number	
<ol> <li>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.</li> <li>Name of Bank, Depository, etc.</li> </ol>				
		West Coast Bank		
	Mailing Address	PO Box 827		
		Salem	OR OR	97302
		CITY 🗖	STATE 4	ZIP CODE 🛕
	Name of Bank, Dep	ository, etc.		
	Mailing Address			
		CITY ▲	STATE <b>△</b>	ZIP CODE 🛕

Banks or Other Depositories: safety deposit boxes or maintain:	List all banks or other depositories in which the committee funds	ee deposits funds, hol	ds accounts, rents
Name of Bank, Depository, etc.			[ ADDITIONAL ]
Mailing Address			
	CITY ▲	STATE <b>⊿</b>	ZIP CODE 🛕
	CITT Z		
Name of Any Connected Orga	nization, Affiliated Committee, Leadership PAC Spons	or or Joint Fundrais	[ ADDITIONAL ] ing Representative
Democratic Party of Oreg	gon	<u> </u>	
	232 NE 9th		
Mailing Address			
	Bully 4		
	Portland	J LT L	97232 
Deletie e e le in c	CITY▲	STATE A	ZIP CODE
Relationship:  Connected Organization	Affiliated Committee Leadership PAC Spons	sor X Joint Fun	draising Representative
			[ ADDITIONAL ]
Designated Agent			
Full Name			
Mailing Address			
			_
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Telephor	ne number	
loint Fundraiser Partiainent			[ ADDITIONAL ]
Joint Fundraiser Participant	1		
		C ID number	