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		(See instructior	ns)				o	ffice use only		
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		ple: If typying, he lines	type	12FĘ	4M5			
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4. IS THIS STATEM		/ (N) OR	X	AMENDE	D (A)	•				
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I certify that I have exam	ined this Statement and	to the best of my know	wledge and	l belief it is true,	correct and	d complet	e			
Type or Print Name of	í Treasurer	evin F Neely								
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 1/	5		_			P			· · · · · · · · · · · · · · · · · · ·
Signature of Treasure	r _k	-T}			[Date	<u>10</u>	/ <u>17</u>		2008
NOTE: Submission of fal								of 2 U.S.C.	S437g.	
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5.	. TYPE OF COMMITTEE (Check One) Candidate Committee:						
	(a) X	This committee is a principal campaign committee. (Complete the car	ndidate information below.)				
	(b)	This committee is an authorized committee, and is NOT a principal can information below.)	ampaign committee. (Complete the candidate				
	Name of Candidate						
	Candidate Party Affilia	ation Office House Sought: House So	enate President District				
	(c)	This committee supports/opposes only one candidate, and is NOT an	authorized committee.				
	Name of Candidate		<u></u>				
	Party Corr						
	(d)	(National, State This committee is a (or subordinate) committe	ee of the (Democratic, Republican,etc.) Party.				
•	Political A	ction Committee (PAC):					
	(e)	This committee is a separate segregated fund. (Identify connected org	ganization on line 6.) Its connected organization is a:				
		Corporation Vo Capi	ital Stock Labor Organization				
		Membership Organization Trade Association	Cooperative				
	(f)	This committee supports/opposes more than one Federal candidate, a committee. (i.e., nonconnected committee)	and is NOT a separate segregated fund or party				
		In addition, this committee is a Leadership PAC. (Identify sponso	or on line 6.)				
	Joint Fund	raising Representative:					
	(g)	This committee collects contributions, pays fundraising expenses and committees/organizations, at least one of which is an authorized comm					
	(h)	This committee collects contributions, pays fundraising expenses and committees/organizations, none of which is an authorized committee o					
	Co	mmittees Participating in Joint Fundraiser					
		Jeff Merkley for Oregon	CID number C C00437277				
		2. <u>Jeanne Shaheen for Senate</u> FEC	C C00439075				
		3. <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	CID number				
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FEC Form 1	(Revised	12/2007)
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Write or Type Committee Name

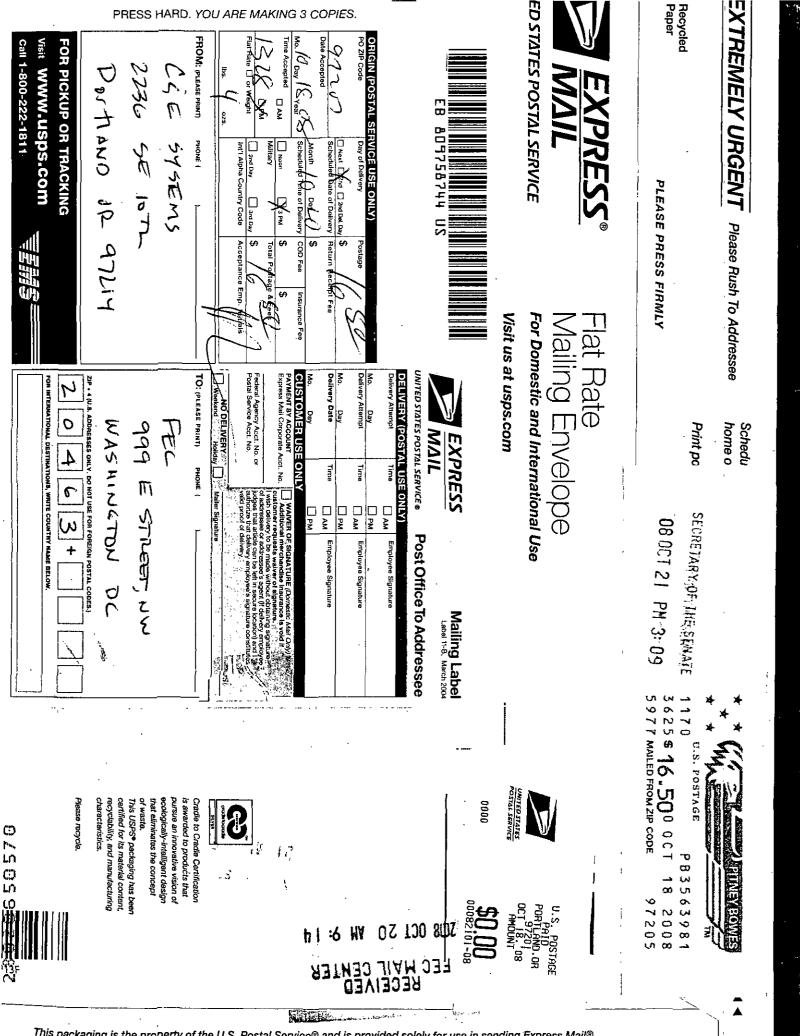
Coast to Coast Senate 2008

		anization, Affiliated Committee, Leadersh		Indraising Representative
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Relationship:	Organization	Affiliated Committee	adership PAC Sponsor	Joint Fundraising Representativ
		ntify by name, address, (phone numbe books and records.	er – optional), and position	n of the person in
Mailing Address	1 <i>ii</i>	2236 SE 10th Ave		╵╾┸╾┸╾┸╼╌┸╾┸╴╴╴╴╴
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		Portland	OR	97214 _
Title or Position	V	CITY A	STATE	ZIP CODE .
Title or Position 1	v			ZIP CODE .) 103 – 295 – 1851
3. Treasurer: Lis	t the name fress of any	CITY A and address (phone number – optiona designated agent (e.g., assistant treas F Neely	Telephone number5	
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 Treasurer: Listing name and add Full Name of Treasurer 	t the name tress of any Kevin	and address (phone number – optiona designated agent (e.g., assistant treas F Neely 2236 SE 10th Ave	Telephone number	<u>97214</u> – <u>1851</u>

FEC Form 1 (Revis	sed 12/2007)		Page 4		
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	Telephone number				
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