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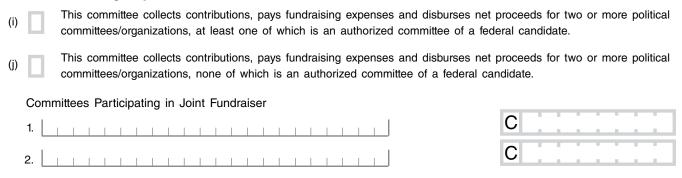
PAGE 1 / 14 🗕

STATEMENT OF ORGANIZATION

			C	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Democratic Party o	of Oregon			
	1220 SW Morrison St., Ste 91	0		
ADDRESS (number and street)				
 (Check if address is changed) 				
<i>c</i> ,	Portland		OR 97	205
	CITY ▲		STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	compliance@dpo.org			
is changed)				
	Optional Second E-Mail Add	lress		
	treasurer@dpo.org			
2. DATE	www.dpo.org			
3. FEC IDENTIFICATION NU	JMBER ► C co	00188367		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasure	r Simpson, Ashton, , ,			
Signature of Treasurer Simp	son, Ashton, , ,		Date 07	/ D D / Y Y Y Y 24 2024
NOTE: Submission of false, errone		may subject the person signing t FION SHOULD BE REPORTED		e penalties of 52 U.S.C. §3010
Office Use Only		For further information of Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC For	m 1 (Revised 03/2022)	Page 2
5. TYPE	E OF COMMITTEE:	
Cane	didate 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.)	e candidate
	me of ndidate	
	ndidate rty Affiliation Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	lame of Candidate	
Party (d)	y Committee: X This committee is a STA (National, State or subordinate) committee of the DEM (Democratic Republican,	
Polit (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 Labor O	rganization
	Membership Organization Trade Association Coopera	tive
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregater committee. (i.e., nonconnected committee)	d 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 PA	NC).
	In addition, this committee is a Lobbyist/Registrant PAC.	

Joint Fundraising Representative:



Relationship:

Full Name

Mailing Address

Title or Position **v**

books and records.

7.

	FEC Form 1 (Revised 0	2/2009)			Page	ə 3	
\	Write or Type Committee Name						
	Democratic Part	y of Oregon					
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representativ	/e, or	Leadership	PAC S	Sponsor	
	ASDC Partnership P	ogram	<u> </u>				ļ
	Mailing Address	430 South Capitol St.SE					
		Washington DC		20003	[

X

STATE

OR

STATE

97205

503

Joint Fundraising Representative

ZIP CODE 🔺

ZIP CODE

8638

239

Leadership PAC Sponsor

CITY

Affiliated Organization

Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee

Connected Organization

Manlove, Amelia, , ,

1220 SW MORRISON ST

Suite 910

PORTLAND

Compliance Director Telephone number

CITY

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of 8. any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Simpson, Ashton, , ,
Mailing Address	1220 SW Morrison St Ste 910
	Portland OR 97205
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Image: Telephone number 503 - 239 - 8638

FEC Form 1	(Revised 02/2009)
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Full Name of Designated Agent	Manlove, Amelia, , ,
Mailing Address	1220 SW Morrison St., Ste 910
	Portland OR 97205 Image: Image of the state of the st
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Assistant Treasu	rer Telephone number 503 239 8638

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.

	ational Bank		
Mailing Address	2029 Century Park E Ste. 100		
	Los Angeles	CA 90067	,
	CITY 🔺	STATE 🔺	ZIP CODE ▲
Name of Bank, Depository			
	cial State Bank		
Mailing Address	1101 SW Washington St.		
	Portland	OR 97205	
	CITY 🔺	STATE 🔺	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Amended to fix date of victory fund name change to 7/21/24

Form/Schedule: Transaction ID:

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connect	ed Organization, Affiliated Committee, Joint Fu	ndraising Representativ	ve, or Leadership PAC Sponso
Democratic Nation	al Committee		
Mailing Address	430 South Capitol St.SE		
	Washington		20003
		STATE A	
Relationship:	CITY 🔺	SIALE	
Conne		pint Fundraising Represent	
Conne	cted Organization Affiliated Committee X J	pint Fundraising Represent	
Conne Designated Agent: Iden	cted Organization Affiliated Committee X J	pint Fundraising Represent	
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Conne	Cted Organization Affiliated Committee	pint Fundraising Represent	
Conne	Cted Organization Affiliated Committee	Dint Fundraising Represent	tative Leadership PAC Spor

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

ZIP CODE

STATE **A**

r(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
7.			
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spons
Oregon Victory Fund	l i i i i i i i i i i i i i i i i i i i		
Mailing Address	232 NE 9th Ave		
	Portland		97232
Relationship:		L STATE ▲	
		SIAIL A	
Connecte	d Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sp.
Connecte		Fundraising Representa	ative Leadership PAC Sp
Connecte Designated Agent: Identif		Fundraising Representa	Leadership PAC Sp
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Connecte Designated Agent: Identif		Fundraising Representa	Leadership PAC Sp
Connecte Designated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Space
Connecter	y by name, address (phone number – optional)		
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Connecter	y by name, address (phone number – optional)	STATE	
Connecter	y by name, address (phone number – optional)	STATE	
Connecter Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or m	y by name, address (phone number – optional)	STATE	
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Connecter Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank,Amalg	y by name, address (phone number – optional)	STATE	
Connecter Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or m Name of Bank, Amalg Depository, etc.	y by name, address (phone number – optional)	STATE	

5(g) or	(h). Joint Fundraising	g Participant:				
	1.			FEC ID number	er C	
	2.			FEC ID numbe	er C	
	3.			FEC ID numbe	er C	
	4.			FEC ID numbe	er C	
- 6. N	Name of Any Connected	Organization Affili	ated Committee Joint Fu	Indraising Bonrosonta	tive or Leader	shin PAC Sponsor
0. 1	Democratic Grassroot	-				
	Mailing Address	430 South Capito	ol St. SE			
		Washington			20003	
	Relationship:	<u> </u>	CITY 🔺	STATE		
	Connected	I Organization	Affiliated Committee	Joint Fundraising Repres	entative	eadership PAC Sponsor
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8. C	Designated Agent: Identify	by name, address	(phone number - optiona))		
8. C	Designated Agent: Identify	by name, address	(phone number - optiona))		
8. D		• by name, address	(phone number - optiona)		
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9. E	Full Name Mailing Address TITLE OR POSITION			Telephone Number		
9. E	Full Name			Telephone Number		
9. E S	Full Name Mailing Address TITLE OR POSITION			Telephone Number		
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9. E S	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.			Telephone Number		
9. E S	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.			Telephone Number		

		FEC ID number	С	
		FEC ID number	С	
		FEC ID number	С	
		FEC ID number	С	
Organization, Affiliated Comm	ittee, Joint Fundrai	sing Representativ	e, or Leadersl	nip PAC Sponsor
cratic Parties				
114 Beauchamp Ln.				
Lafayette			70506	
CITY		STATE A	Z	IP CODE
Organization Affiliated Cor	nmittee X Joint F	undraising Represent	ative Lea	dership PAC Spons
•		STATE A	ZIF	° CODE ▲
•	Tele	STATE		P CODE ▲
	Interpretion Interpretion	Pocratic Parties 114 Beauchamp Ln. Lafayette CITY ▲	FEC ID number FEC ID	FEC ID number FEC ID number C C C C C C C C C C C C C

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5(g) or (h).	Joint Fundraising	Participant:			
1.				FEC ID number	С
2.				FEC ID number	С
3.				FEC ID number	С
4.				FEC ID number	C
6. Name	e of Any Connected (Organization, Affiliated Con	nmittee, Joint Fundrai	sing Representative	, or Leadership PAC Sponsor
	egon Blue Victory F				
	Mailing Address	918 Pennsylvania Ave SE			
		Washington			
	Relationship:	CIT	Y▲	STATE A	
	Connected	Organization Affiliated (Committee X Joint F	undraising Representa	tive Leadership PAC Sponsor
8. Desig	nated Agent: Identify	by name, address (phone n	umber – optional)		
	nated Agent: Identify	by name, address (phone n	umber – optional)		
Fu		by name, address (phone n	umber – optional)		
Fu	ull Name	by name, address (phone n	umber – optional)		
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	Joint Fundraising	g Participant:							
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4.					FEC I	D number	С		
Name of	f Any Connected	Organization, A	Affiliated Commit	ttee, Joint Fund	raising Re	presentativ	e, or Leade	ership PAC Sp	onsor
Ма	illing Address	PO BOX 657							
		SPRINGFIEL	_D		1		97477		1 1
Re	lationship:		CITY A	<u> </u>		STATE A			
	Connected	I Organization	Affiliated Com	mittee 🗙 Joir	t Fundraisir	g Represent	ative	Leadership PAC	Sponso
Full	Name								
Maili	ng Address								
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2			FEC ID number	С
3			FEC ID number	С
4	. [FEC ID number	C
6. Nam	e of Any Connected C	Prganization, Affiliated Committee, Joint Fundrais	ing Representative	, or Leadership PAC Sponsor
	Mailing Address	122 C STREET NW SUITE 360		
				20001
	Relationship:	CITY 🔺	STATE A	ZIP CODE
		by name, address (phone number - optional)		
	gnated Agent: Identify	by name, address (phone number – optional)		
F		by name, address (phone number – optional)		
F	Full Name	by name, address (phone number – optional)		
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6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative, or Leadership PAC Sponsor
		JND	
	Mailing Address	122 C ST NW	
		SUITE 360	
	Relationship:		STATE A ZIP CODE A
	Connected	I Organization Affiliated Committee X Join	t Fundraising Representative Leadership PAC Sponso
8.	Designated Agent: Identify	by name, address (phone number - optional)	
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8.	Full Name	by name, address (phone number – optional)	
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	4.		FEC ID number	C
6. I	-	Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	Harris Victory Fund			
	Mailing Address	430 South Capitol Street, SE		
		Washington		20003
	Relationship:	CITY 🔺	STATE A	ZIP CODE
_	Connected	Organization Affiliated Committee X Joint I	Fundraising Representa	tive Leadership PAC Sponsor
8. [Designated Agent: Identify	by name, address (phone number - optional)		
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8. [Full Name	by name, address (phone number – optional)		
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