## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Blumenauer for Congress 1631 NE Broadway ADDRESS (number and street) #343 (Check if address is changed) Portland 97232 OR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kathieeastmantell@comcast.net (Check if address is changed) Optional Second E-Mail Address whitney@whitneyburns.net COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 2022 C00307314 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. Pomeroy, Julia, , , Type or Print Name of Treasurer Pomeroy, Julia,,, [Electronically Filed] 05 05 2022 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 Only

Local 202-694-1100

| FEC                  | Form 1 (Revised 02/2009)  | Page 2                    |
|----------------------|---|---------------------------|
|                      | COMMITTEE   |                           |
|                      | ate Committee:  This committee is a principal campaign committee. (Complete the candidate information below.  | <b>.</b>                  |
|                      |   |                           |
| (b)                  | This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)   | plete the candidate       |
| Name of<br>Candidate | Blumenauer, Earl, , ,   |                           |
| Candidat             | DEM   | State                     |
| Party Aff            | liation DEM Sought: X House Senate President  | District 03               |
| (c)                  | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |                           |
| Name of              | _   |                           |
| Candidate            |   |                           |
| Party C              | Committee:  (National, State  | (Democratic,              |
| (d)                  | This committee is a or subordinate) committee of the  | Republican, etc.) Party.  |
| Politica             | I Action Committee (PAC):   |                           |
| (e)                  | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con  | nnected 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.   |                           |
| (f)                  | This committee supports/opposes more than one Federal candidate, and is NOT a separate so   | egregated fund or party   |
|                      | committee. (i.e., nonconnected committee)   |                           |
|                      | In addition, this committee is a Lobbyist/Registrant PAC.   |                           |
|                      | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  |                           |
| Joint Fu             | indraising Representative:  |                           |
| (g)                  | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate. | wo 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.        | vo or more political      |
| С                    | ommittees Participating in Joint Fundraiser   |                           |
| 1.                   | FEC ID number   |                           |
| 2                    | FEC ID number   |                           |
| 3                    | FEC ID number   |                           |
| 4                    |   |                           |

| FEC <b>Form 1</b> (Revised                                       | 02/2009)   | Page <b>3</b>          |
|--|--|------------------------|
| Write or Type Committee Name                                     | e  | -                      |
| Blumenauer for   | · Congress   |                        |
|  | Organization, Affiliated Committee, Joint Fundraising Representative, or Leader                      | rship PAC Sponsor      |
| Blumenauer Century F   | Fund<br>   |                        |
| Mailian Address  | 1631 NE Broadway   |                        |
| Mailing Address  | #343 Portland OR 97232 CITY STATE  | ZIP CODE               |
| Relationship: Connecte   | d Organization Affiliated Committee X Joint Fundraising Representative L                             | eadership PAC Sponsor  |
| . Custodian of Records: Idea books and records.                  | ntify by name, address (phone number optional) and position of the person in p                       | ossession of committee |
| Tell, Kathi  | ie, Eastman, ,   |                        |
| Mailing Address  | 1631 NE Broadway   |                        |
|  | #343 Portland OR 97232   |                        |
| Title or Position  | CITY STATE   | ZIP CODE               |
| Assistant Treasurer  | Telephone number 503 - L   | 235 - 3399             |
| . <b>Treasurer:</b> List the name an any designated agent (e.g., | nd address (phone number optional) of the treasurer of the committee; and the rassistant treasurer). | name and address of    |
| Full Name Pomeroy, of Treasurer                                  | Julia, , ,   |                        |
| Mailing Address  | 1631 NE Broadway   |                        |
|  | #343   |                        |
|  | Portland OR 97232  | 7ID 0005               |
| Title or Position Treasurer                                      | CITY STATE  Telephone number 503 - [   | ZIP CODE  235          |

| Full Name of<br>Designated<br>Agent                | Tell, Kathie, Eastman, ,  |         |
|--|---|---------|
| Mailing Address                                    | 1631 NE Broadway  |         |
|  | #343  |         |
|  | Portland OR 97232  CITY STATE ZI  | IP CODE |
| Title or Position Assistant Treasur                | rer Telephone number 503 - 23   | 3399    |
| safety deposit box                                 | KES OF FRANKLAINS TURIUS.   |         |
| Name of Bank, De                                   | epository, etc.  Beneficial State Bank  |         |
| Name of Bank, De                                   | epository, etc.   |         |
| Name of Bank, De                                   | Beneficial State Bank   |         |
| Name of Bank, De                                   | Beneficial State Bank  2002 NE MLK Jr. Blvd  Portland  OR  97212  | IP CODE |
| Name of Bank, De                                   | Portland  CITY  STATE  Z  Beneficial State Bank  OR  97212  | IP CODE |
| Name of Bank, De Name of Bank, De Name of Bank, De | Beneficial State Bank  2002 NE MLK Jr. Blvd  Portland  CITY  STATE  Z  Rivermark Community Credit Union   | IP CODE |
| Name of Bank, De Name of Bank, De Name of Bank, De | Portland  CITY  STATE  Z  Pepository, etc.  | IP CODE |
| Name of Bank, De Mailing Address  Name of Bank, De | epository, etc.  Beneficial State Bank  2002 NE MLK Jr. Blvd  Portland  OR  97212  CITY  STATE  Z  epository, etc.  Rivermark Community Credit Union  P.O. Box 4044 | IP CODE |
| Name of Bank, De Mailing Address  Name of Bank, De | Beneficial State Bank  2002 NE MLK Jr. Blvd  Portland  CITY  STATE  Z  Rivermark Community Credit Union   | IP CODE |

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

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| h). <b>Joint Fundraisin</b>  |   |                      |               |                           |
|--|---|----------------------|---------------|---------------------------|
| 1.   |   | FEC                  | ID number     | C                         |
| 2.   |   | FEC                  | ID number     | C                         |
| 3.   |   | FEC                  | ID number     | С                         |
| 4.   |   | FEC                  | ID number     | C                         |
| ame of Any Connected   | Organization, Affiliated Committee,                     | Joint Fundraising Re | epresentativo | e, or Leadership PAC Spon |
|  |   |                      |               |                           |
|  |   |                      |               |                           |
| Mailing Address  |   |                      |               |                           |
|  |   |                      |               |                           |
|  |   |                      |               |                           |
| Relationship:  | CITY ▲  |                      | STATE ▲       | ZIP CODE ▲                |
|  | Affiliated Committee                                    | _                    | ng Representa | ative Leadership PAC Sp   |
|  | Affiliated Committee  by name, address (phone number –  | _                    | ng Representa | ative Leadership PAC Sp   |
| esignated Agent: Identify  | _   | _                    | ng Representa | Leadership PAC Sp         |
| esignated Agent: Identify  | _   | _                    | ng Representa | Leadership PAC Sp         |
| esignated Agent: Identify  | _   | _                    | ng Representa | Leadership PAC Sp         |
| esignated Agent: Identify  | by name, address (phone number –                        | _                    | ng Representa |                           |
| esignated Agent: Identify  Full Name    Mailing Address  | by name, address (phone number –                        | _                    | STATE A       |                           |
| esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma  ame of Bank, KeyBa | cies: List all banks or other depositori intains funds. | optional)  Telephone | STATE A       | ZIP CODE A                |
| esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or maintenance.           | cies: List all banks or other depositori intains funds. | optional)  Telephone | STATE A       | ZIP CODE A                |
| Full Name  | cies: List all banks or other depositori intains funds. | optional)  Telephone | STATE A       | ZIP CODE A                |