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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

OREGON DEATH WITH DIGNITY FEC PAC

ADDRESS (number and street) 1520 SW 6TH AVE.

(Check if address is changed) SUITE 1030 PORTLAND OR 97204

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS PAC@dwd.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

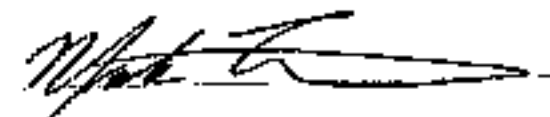
2. DATE 05 17 2002

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 MARK TRINCHERO

Signature of Treasurer  Date 05 20 2002

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.

5. TYPE OF COMMITTEE (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 candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation	Office Sought	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d) This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

OREGON DEATH WITH DIGNITY

Mailing Address

520 SW 6TH AVE.  
SUITE 1030  
PORTLAND OR 97204

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship CONNECTED

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

**OREGON DEATH WITH DIGNITY FEC PAC**

7. Custodian of Records: Identify by name, address (phone number - optional) and location of the person in possession of committee books and records.

Full Name **LOREN DRUMMOND**

Mailing Address **520 SW 6TH AVE.  
SUITE 1030  
PORTLAND OR 97204**

Title or Position **OFFICE MANAGER** CITY STATE ZIP CODE Telephone number **503-228-4415**

6. 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 **MARK TRINCHERO**

Mailing Address **2300 FIRST INTERSTATE TOWER  
1300 SW 5TH AVE  
PORTLAND OR 97204**

Title or Position **ATTORNEY** CITY STATE ZIP CODE Telephone number **503-778-5318**

Full Name of Designated Agent **JEANA FRAZZINI**

Mailing Address **520 SW 6TH AVE.  
SUITE 1030  
PORTLAND OR 97204**

Title or Position **POLITICAL DIRECTOR** CITY STATE ZIP CODE Telephone number **503-228-4415**

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.

KEY BANK

Mailing Address

444 SW 5TH AVE

PORTLAND OR 97204

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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