

FEC
FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Steve Marks for Congress

ADDRESS (number and street)

528 Cottage St NE, Ste 300B

(Check if address
is changed)

Salem

OR

97301

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

info@stevemarksforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

stevemarksforcongress.com

COMMITTEE'S FAX NUMBER

503

362

9843

2. DATE

03

04

2008

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

Kevin F. Neely

Signature of Treasurer

Date

03

04

2008

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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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 Steve Marks

Candidate Party Affiliation DEM REP IND OTHER

Office Sought: House Senate President

State OR CA TX NY IL FL WA AZ NV UT WY CO NM MT ND SD NE KS OK MO IA MN WI MI IN OH PA WV VA NC SC TN KY OH MD DE DC

District 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

- (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

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

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Write or Type Committee Name

Kurt Schrader for Congress

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

Full Name Kevin Neely

Mailing Address 2236 SE 10th Avenue

Portland OR 97214

Title or Position

CITY

STATE

ZIP CODE

Financial Administrator

Telephone number 503 - 295 - 1851

8. 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 Kevin F. Neely

Mailing Address 2236 SE 10th Ave

Portland OR 97214

Title or Position

CITY

STATE

ZIP CODE

Telephone number 503 - 295 - 1851

Full Name of Designated Agent Kevin Neely

Mailing Address 2236 SE 10th Ave

Portland OR 97214

Title or Position

CITY

STATE

ZIP CODE

Financial Administrator

Telephone number 503 - 295 - 1851

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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.

West Coast Bank

Mailing Address

550 Center St NE

Salem OR 97301

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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No Postmark


Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 3/13/08
PREPARER DATE PREPARED

(3/2005)

28039653679