FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full)   (Check if name is changed)   Example: If typing, type over the lines.   12FEAM5

PEOPLE OF OREGON FOR A REPUBLICAN MAJORITY IN CONGRESS COMMITTEE

ADDRESS (number and street)   13500 SW PACIFIC HWY PMB#417

(Check if address is changed)

TIGARD   OR   97223-

CITY ▲   STATE ▲   ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

NONE

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

COMMITTEE'S FAX NUMBER

(503)-(460)-(9130)

2. DATE   10 04 2004

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   DARIUS AMERI

Signature of Treasurer   _____   Date   10 04 2004

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 [_____]

Candidate
Party Affiliation   Office Sought: House   Senate   President   State

District

(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

[G.O.U. AMERI FOR CONGRESS 2004]

[ ]

Mailing Address   [12500 SW PACIFIC HWY 2A8#617]

[ ]

[TIGARD]   [OR]   [97223 -]

CITY ▲   STATE ▲   ZIP CODE ▲

Relationship   [JOINT FUNDRAISING PARTICIPANT]

Type of Connected Organization:

  Corporation   Corporation w/o Capital Stock   Labor Organization

  Membership Organization   Trade Association   Cooperative

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 |

(c)   The 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**

FELDKAMP FOR CONGRESS

Mailing Address   4061 BARGER AVENUE #253

EUGENE   OR   97402-

CITY ▲   STATE ▲   ZIP CODE ▲

Relationship   JOINT FUNDRAISING PARTICIPANT

Type of Connected Organization:

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

Write or Type Committee Name

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: DARIUS AMERI

Mailing Address: 13500 SW PACIFIC HWY PMB#417

City: TIGARD   State: OR   Zip Code: 97223 -

Title or Position ▼: TREASURER

Telephone number: (503)-624-2004

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: DARIUS AMERI

Mailing Address: 13500 SW PACIFIC HWY PMB#417

City: TIGARD   State: OR   Zip Code: 97223 -

Title or Position ▼:

Telephone number:

Full Name of Designated Agent:

Mailing Address:

City: State: Zip Code: -

Title or Position ▼:

Telephone number:

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.

BANK OF AMERICA

Mailing Address

14420 SW ALLEN BLVD

BEAVERTON | **OR** | **97005**-

CITY ▲ | STATE ▲ | ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ | STATE ▲ | ZIP CODE ▲

24038591726

	Date of Receipt
☐ Hand Delivered	
☑ USPS First Class Mail	Postmarked *10-14-04*
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked Delivery Confirmation ™ Label ☐
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ 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

10-24-04

PREPARER

DATE PREPARED

(5/2004)