Only

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. Hoops PAC PO Box 3314 ADDRESS (number and street) (Check if address is changed) Portland 97208 OR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .joctyree@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00392738 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Michels, F. Stephen, , , Type or Print Name of Treasurer Michels, F. Stephen, , , [Electronically Filed] 04 13 2020 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

Local 202-694-1100

EEA	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	1 aye 2
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	o or more political
(committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

FEC Form 1 (Revised	d 02/2009)	Page 3
Write or Type Committee Na	me	
Hoops PAC		
	l Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
Wyden, Ron, L, ,		
Mailing Address	232 NE 9th Avenue	
	Portland OR 97232	
	CITY STATE	ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Id books and records.	dentify by name, address (phone number optional) and position of the person in	possession of committee
	locelyn, , ,	
Full Name	,8935 SW Beliflower Street	
Mailing Address		
	Tigard OR 97224	
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number 503	708 1059
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the , assistant treasurer).	name and address of
Full Name Michels,	F. Stephen, , ,	
of Treasurer	14004 SW Polation Street	
Mailing Address	1924 SW Palatine Street	
	Portland	<u> </u>
Title or Position	CITY STATE	ZIP CODE
Treasurer		892 9507

FEC For	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Tyree, Jocelyn, , ,	, , , , , , , , , , , , , , , , , , ,
Mailing Address	8935 SW Bellflower Street	
	Tigard OR 97224	
Title or Position		P CODE
Assistant Treas	urer	8 1059
Mailing Address	PO Box 53132	
	Phoenix AZ 85072	
	CITY STATE ZI	P CODE
Name of Bank,		P CODE
Name of Bank,		P CODE
Name of Bank, Mailing Address	Depository, etc.	P CODE
	Depository, etc.	P CODE
	Depository, etc.	P CODE

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisi	ig Participant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Protect Our Sena	Organization, Affiliated Committee, Joint Fu tors Fund	ndraising Representativ	re, or Leadership PAC Spons
Mailing Address	918 Pennsylvania Avenue SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE A
Connecte		pint Fundraising Represent	Leadership PAC Sp
Connecte	Affiliated Committee y Joy y by name, address (phone number – optional)		Leadership PAC Sp
Connecte esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identification			Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional)		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	cy by name, address (phone number – optional) CITY CITY Pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	cy by name, address (phone number – optional) CITY CITY Pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.			
l		FEC ID numbe	C
2		FEC ID numbe	C
3.		FEC ID numbe	C
4.		FEC ID numbe	C
Name of Any Connected Wyden for Orego	Organization, Affiliated Committee, Joint	Fundraising Representat	ive, or Leadership PAC Spons
Mailing Address	PO Box 3271		
	Portland	OR	97208
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
Designated Agent: Identif	y by name, address (phone number - option	al)	
Designated Agent: Identif	y by name, address (phone number – option	al)	
	y by name, address (phone number – option	al)	
Full Name	y by name, address (phone number – option	al)	
Full Name	y by name, address (phone number – option	al)	
Full Name	CITY	al) STATE	ZIP CODE A
Full Name	CITY		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY A	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION	CITY A pries: List all banks or other depositories in valintains funds.	STATE A Telephone Number	sits funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite cafety deposit boxes or means and the safety deposit boxes or means and the	CITY A pries: List all banks or other depositories in valintains funds.	STATE A Telephone Number	sits funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY A pries: List all banks or other depositories in valintains funds.	STATE A Telephone Number	sits funds, holds accounts, rents

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

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1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
lama of Any Connected	Overagination Affiliated Committee Laint Fried	veising Denvesentativ	a ay Landayahin DAC Char
Take Back The Se	Organization, Affiliated Committee, Joint Funda enate 2020	aising nepresentative	e, or Leadership FAC Spon
Mailing Address	918 PENNSYLVANIA AVE SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	ative Leadership PAC S
	Affiliated Committee Joint Joint by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify		t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	r by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	r by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	r by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	r by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A