**FEC** 

Only

## STATEMENT OF

PAGE 1/7

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. OREGON REPUBLICAN PARTY PO BOX 1586 ADDRESS (number and street) (Check if address is changed) LAKE OSWEGO 97035 OR CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address GLENN.MILLER@OREGON.GOP is changed) Optional Second E-Mail Address ORGOP@REDCURVE.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00153031 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. Type or Print Name of Treasurer MILLER, GLENN,, MILLER, GLENN,,, Date 80 12 2025 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

E	C Form 1 (Revised 03/2022) Page	2
	TYPE OF COMMITTEE:	
	Candidate 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. (Complete the candidate information below.)	
	Name of Candidate	
	Candidate Office State Party Affiliation Sought: House Senate President	
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:  (d) This committee is a STA (National, State or subordinate) committee of the REP (Democratic, Republican, etc.) Party	
	Political Action Committee (PAC):  (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ion 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 segregated fund or pacommittee. (i.e., nonconnected committee)	arty
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more polit committees/organizations, at least one of which is an authorized committee of a federal candidate.	ical
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, none of which is an authorized committee of a federal candidate.	ical
	Committees Participating in Joint Fundraiser	
	1	극

TREASURER

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	FEC Form 1 (Revised 0	2/2009)		Page 3
V	Vrite or Type Committee Name			
	OREGON REPL	JBLICAN PARTY		
6.		rganization, Affiliated Committee, Joint Fundraisi	ng Representative, or Lea	adership PAC Sponsor
	PROTECT THE HOL	JSE 2024		
	Mailing Address	PO BOX 30844		
		BETHESDA	MD 20	824
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint F	undraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and	position of the person in pos	session of committee
	MILLER, G	iLENN, , ,		
	Full Name			
	Mailing Address	PO BOX 1586		
		LAKE OSWEGO	OR 970	035
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	TREASURER	Telepl	none number 971	- 238 - 6094
8.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasu assistant treasurer).	rer of the committee; and the	ne name and address of
	Full Name MILLER, G	iLENN, , ,		
	Mailing Address	PO BOX 1586		
		1		
		LAKE OSWEGO	OR 97(	035
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	•	-	

238

Telephone number

6094

FEC <b>Form 1</b> (Re	vised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE ▲	ZIP CODE ▲
Inte of Toshion •	Telephone numl	ber LI	
Banks or Other Deposafety deposit boxes of	ositories: List all banks or other depositories in which the committee	e deposits func	ds, holds accounts, rents
	or maintains tutus.		
Name of Bank, Depos			
Name of Bank, Depos			
Name of Bank, Depos	sitory, etc.		
Name of Bank, Depos	sitory, etc. ЛРQUA BANK		
Name of Bank, Depos	sitory, etc. ЛРQUA BANK	OR	97224
Name of Bank, Depos	PORTLAND	OR L	97224 ZIP CODE ▲
Name of Bank, Depos	PORTLAND		
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	PORTLAND		
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	Sitory, etc.  MPQUA BANK  6610 SW CARDINAL LN  PORTLAND  CITY   Sitory, etc.		
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	Sitory, etc.  MPQUA BANK  6610 SW CARDINAL LN  PORTLAND  CITY   Sitory, etc.		
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	Sitory, etc.  MPQUA BANK  6610 SW CARDINAL LN  PORTLAND  CITY   Sitory, etc.	STATE A	

FEC Form 1S (Revised 02/2017)

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

	- 7	
Page	of '	

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spon
TRUMP 47 COMMI	TEE 		
Mailing Address	P.O. BOX 509		
Mailing Addiess			
	ARLINGTON	ı VA	22216
Relationship:	CITY A	STATE A	ZIP CODE A
	ed Organization Affiliated Committee X Jo fy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
			Leadership TAC S
esignated Agent: Identi			Leadership TAC S
esignated Agent: Identi			Leadership TAC S
esignated Agent: Identi			Leadership TAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY	STATE A	
signated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mailing and a second control of the control of th	fy 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	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds.	STATE A  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds.	STATE A  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds.	STATE A  Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page	of <sup>7</sup>	
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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected GROW THE MAJOR	l Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
GROW THE MAJOR			
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Representa	Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Jo	int Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Jo		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X Journal of the position	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 mame of Bank, epository, etc.	Affiliated Committee X Journal of the position	STATE A  Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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Page	of '	

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2. 🔲		<u> </u>		FEC I	D number	С	
3.				FEC I	D number	С	
4.	1 1 1 1 1 1			FEC I	D number	С	
Name of	Any Connected	Organization, A	ffiliated Committee, Joint	Fundraising Re	presentative	e, or Leadership	PAC Spons
	VICTORY						
Mail	iling Address	228 S WASHI	NGTON ST				
		STE 115					
		ALEXANDRIA	\ 		_ VA	22314	
			CITY A		STATE A	ZIP	CODE ▲
		Organization by name, addre	Affiliated Committee	≺ Joint Fundraisin	ng Representa	ative Leade	rship PAC Sp
	Connected ed Agent: Identify				ng Representa	ative Leade	rship PAC Sp
<b>esignate</b> Full N	Connected ed Agent: Identify				ng Representa	ative Leade	rship PAC Sp
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<b>esignate</b> Full N	Connected  ed Agent: Identify				ng Representa	ative Leade	rship PAC Sp
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