FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Democratic Party of Oregon 1220 SW Morrison St., Ste 910 ADDRESS (number and street) (Check if address is changed) Portland 97205 OR CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@dpo.org is changed) Optional Second E-Mail Address treasurer@dpo.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.dpo.org (Check if address is changed) DATE 2024 C00188367 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. Type or Print Name of Treasurer Simpson, Ashton, , Date 80 09 2024 Signature of Treasurer Simpson, Ashton, , , 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

FEC 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 princip information below.)	al campaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House	Senate President District
(c) This committee supports/opposes only one candidate, and is NOT	Γ an authorized committee.
Name of Candidate	
Party Committee:	
(d) X This committee is a STA (National, State or subordinate) committee or	of the DEM (Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected	d organization on line 6.) Its connected organization is a
Corporation Corporation w/o C	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 candida committee. (i.e., nonconnected committee)	te, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identif	y sponsor on line 6.)
(g) This committee is an independent expenditure-only political comm	nittee (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 a committees/organizations, at least one of which is an authorized of	·
(j) This committee collects contributions, pays fundraising expenses a committees/organizations, none of which is an authorized committee.	·
Committees Participating in Joint Fundraiser	
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_	FEC Form 1 (Revised 0	02/2009)		Page 3
V	Vrite or Type Committee Name			
	Democratic Party	y of Oregon		
6.		rganization, Affiliated Committee, Jo	int Fundraising Representa	tive, or Leadership PAC Sponsor
	ASDC Partnership Pi	rogram		
	Mailing Address	430 South Capitol St.SE		
		1		
		Washington	, DC	1 20003
	_	CITY ▲	STATE	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising Repre	esentative Leadership PAC Sponso
	Custodian of Records: Identi	ify by name, address (phone number o	ontional) and position of the n	erson in nossession of committee
<i>'</i> .	books and records.	ny by hame, address (phone hamber	sphonal, and position of the po	croom in possession of committee
	Manlaya A	molio		
	Manlove, A	мпена,,, _		
	Mailing Address	1220 SW MORRISON ST		
	Mailing Address	Suite 910		
		Suite 910		
		PORTLAND	OR	97205
		CITY ▲	STATE	ZIP CODE ▲
	Title or Position ▼			
	Compliance Director	1		503 239 8638
			Telephone number	
_				
8.	any designated agent (e.g., a	d address (phone number optional) assistant treasurer).	of the treasurer of the comm	nittee; and the name and address of
	Full Name Simpson, A	Ashton		
	of Treasurer			
	Mailing Address	1220 SW Morrison St Ste 910		
	J			
		Portland	05	2 07205
			OR	97205
		CITY ▲	STATE	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	<u> </u>	Telephone number	503 - 239 - 8638

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Manlove, Amelia, , ,		
Mailing Address	1220 SW Morrison St., Ste 910		
	Portland	OR	97205
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasu	rer	one number 503	8 - 239 - 8638
	Depositories: List all banks or other depositories in which the cases or maintains funds.	committee deposits fun	nds, holds accounts, rents
Name of Bank, D	Depository, etc.		
	City National Bank		
Mailing Address	2029 Century Park E Ste. 100		
	Los Angeles	L CA	90067
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.		
	Beneficial State Bank	1 1 1 1 1 1	
Mailing Address	1101 SW Washington St.		
	Portland	OR	97205
	CITY ▲	STATE ▲	ZIP CODE ▲

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2		FEC ID number	С
<u> </u>		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	indraising Ronresentativ	o or Leadershin PAC Snons
Democratic National			
Mailing Address	430 South Capitol St.SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X by name, address (phone number – optional	loint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identify Full Name			Leadership FAC Spo
Designated Agent: Identify			Leadership FAC Spir
Pesignated Agent: Identify			Leadership FAC Spir
Pesignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional		
Designated Agent: Identify Full Name	by name, address (phone number – optional		ZIP CODE A

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

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3.				FEC II) number	C
				FEC II	number	С
4.				FEC ID) number	С
				 FEC II) number	С
lame of Any	Connected O	rganization, Affil	iated Committee, Joint	Fundraising Rep	oresentative	e, or Leadership PAC Spor
Democrati	ric Grassroots	Victory Fund				
		430 South Capito	ol St. SE			
Mailing A	Address					
						20000
		Washington			DC	20003
Relations	nship:		CITY A		STATE ▲	ZIP CODE ▲
Full Name	e					
Mailing Ad	ddress					
TITLE OF	R POSITION T	7	CITY A		STATE A	ZIP CODE ▲
				Telephone N	umber	- - _

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
7.			
-	d Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
Friends of State Der	nocratic Parties		
Mailing Address	114 Beauchamp Ln.		
	Lafayette	LA	70506
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connect	fy by name, address (phone number – optiona	Joint Fundraising Represent	
	fy by name, address (phone number – optiona		
esignated Agent: Ident	fy by name, address (phone number – optiona		
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esignated Agent: Ident	CITY		ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	CITY		
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esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ ories: List all banks or other depositories in what intains funds.	STATE Telephone Number	ZIP CODE A
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h). Joint Fundraisi	J		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
Oregon Blue Victory	Fund		
Mailing Address	918 Pennsylvania Ave SE		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
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(h). Joint Fundraising	g Participant:			
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2.		F	EC ID number	C
3.		F	EC ID number	C
4.		F	EC ID number	C
Name of Any Connected	Organization, Affiliated Comm	ittee, Joint Fundraisir	ng Representative	, or Leadership PAC Sponsor
VAL HOYLE VICTOR	Y FUND			
Mailing Address	PO BOX 657			
	1			
	SPRINGFIELD		OR	97477
Relationship:	CITY		STATE A	ZIP CODE ▲
Commontori	Organization Affiliated Com	Jaint Fun	draising Representa	tive Leadership PAC Spons
Full Name				
Mailing Addus as	1			
Mailing Address				
Mailing Address				
Mailing Address				<u> </u>
	CITY		STATE A	ZIP CODE A
TITLE OR POSITION	CITY	Telenh	STATE ▲ one Number	ZIP CODE A

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1				FEC ID number	С
2				FEC ID number	C
3.				FEC ID number	С
4.				FEC ID number	С
lama of A	any Composted C	rganization, Affiliated Comm	ittee leint Fundusia	ing Dangagatativ	a ay Landayahin DAC Snaw
	AS VICTORY FU	_	luee, John Fundrais	ing nepresentative	e, or Leauership FAC Spons
Mailir	ng Address	122 C STREET NW SUITE 360)		
		WASHINGTON		DC	20001
Relat	ionship:	CITY	<u> </u>	STATE ▲	ZIP CODE ▲
esignated	d Agent: Identify	by name, address (phone num	ber – optional)		
esignated Full Na		oy name, address (phone num	ber – optional)		
Full Na		by name, address (phone num	ber – optional)		
Full Na	me	by name, address (phone num	ber – optional)		
Full Na	me	by name, address (phone num	ber – optional)		
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h). Joint Fundraisi			0
1.		FEC ID number	C
2.		FEC ID number	C
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4.		FEC ID number	С
ame of Any Connected , BYNUM VICTORY F	I Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spon
BINOW VICTORT F			
Mailing Address	122 C ST NW		
Mailing / Idanoss	SUITE 360		
	WASHINGTON	ı DC ı	20001
Relationship:			
neialionship.	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Active Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
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1.			
		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fo	undraising Representativ	e, or Leadership PAC Spon
Harris Victory Fund			
Mailing Address	430 South Capitol Street, SE		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent. Identity	/ by name, address (phone number - optiona	1)	
Full Name	/ by name, address (phone number – optiona	.) 	
	by name, address (phone number – optiona)) 	
Full Name	by name, address (phone number – optiona		
Full Name	by name, address (phone number – optiona		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposition are of Bank,	CITY A ries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ts funds, holds accounts, ren
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposition are of Bank,	CITY A ries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ts funds, holds accounts, ren
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail ame of Bank, epository, etc.	CITY A ries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ts funds, holds accounts, ren

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

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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
6. Name	of Any Connected O	rganization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
Ore	egon Victory Fund			
ı	Mailing Address	1220 SW Morrison St		
		Suite 910		
		Portland	OR	97205
ı	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	nated Agent: Identify b	oy name, address (phone number – optional)		
Fu		oy name, address (phone number – optional)		
Fu	II Name	y name, address (phone number – optional)		
Fu	II Name	by name, address (phone number – optional)		
Fu Ma	II Name	CITY A	STATE A	ZIP CODE A
Fu Ma	II Name	CITY A	STATE A	ZIP CODE A
Fu Ma	II Name	CITY Tele	phone Number	s funds, holds accounts, rents
Fu Ma	II Name	CITY Tele	phone Numbere committee deposit	s funds, holds accounts, rents

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

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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.	<u> </u>		FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
	-	rganization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
N	Mailing Address	600 PENNSYLVANIA AVE SE #15180		
F	Relationship:	WASHINGTON CITY A	DC STATE A	20003 ZIP CODE ▲
	Connected (Fundraising Represent	
	nated Agent: Identify b	by name, address (phone number – optional)		
	uiling Address			
т.	TLE OR POSITION ▼	CITY A	STATE ▲	ZIP CODE ▲
L	ILE ON FOSITION V	1	lephone Number	
safety Name	or Other Depositoried deposit boxes or main of Bank, tory, etc.		the committee deposit	
	Mailing Address			