Only

STATEMENT OF

PAGE 1 / 4

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. Teresa for Oregon PO Box 42307 ADDRESS (number and street) (Check if address is changed) Portland 97242 OR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS teresafororegon@gmail.com (Check if address is changed) Optional Second E-Mail Address ij.green@c-esystems.com COMMITTEE'S WEB PAGE ADDRESS (URL) teresafororegon.com (Check if address is changed) DATE 20 2022 C00801746 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. Green, Jef,,, Type or Print Name of Treasurer Green, Jef,,, [Electronically Filed] 01 20 2022 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

FEC F	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE te Committee:	
(a) X	This committee is a principal campaign committee. (Complete the candidate information below	<i>i</i> .)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coninformation below.)	mplete the candidate
Name of Candidate	Alonso Leon, Teresa, , ,	
Candidate Party Affilia	office Sought: House Senate President	State OR District 06
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization 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 scommittee. (i.e., nonconnected committee)	segregated 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 Fur	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	•
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Co	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	ne	
Teresa for Ore	gon	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
NONE		
Mailing Address		
		- '
	CITY STATE	ZIP CODE
	ed Organization Affiliated Committee Joint Fundraising Representative Local Local Property of the person in position of th	eadership PAC Sponsor
books and records.	entity by hame, address (phone humber optional) and position of the person in po	ossession of committee
Green, Jo	ef, , ,	
	PO Box 42307	
Mailing Address		
	Portland OR 97242	
Title or Position	CITY STATE	ZIP CODE
Treasurer		295 1851
. Treasurer : List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the n assistant treasurer).	ame and address of
Full Name Green, Je of Treasurer	ef, , ,	
Mailing Address	PO Box 42307	
	Portland OR 97242 CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 503 -	295 1851 - 1851 1851

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	oxes or maintains funds.	
safety deposit b Name of Bank,	Columbia Bank	
	Depository, etc. Columbia Bank 1473 NW Burnside Rd	
Name of Bank,	Depository, etc. Columbia Bank 473 NW Burnside Rd	
Name of Bank,	Depository, etc. Columbia Bank 1473 NW Burnside Rd	
Name of Bank,	Depository, etc. Columbia Bank 473 NW Burnside Rd	ZIP CODE
Name of Bank,	Columbia Bank 473 NW Burnside Rd Gresham CITY STATE	
Name of Bank, Mailing Address	Columbia Bank 473 NW Burnside Rd Gresham CITY STATE Depository, etc.	
Name of Bank, Mailing Address	Columbia Bank 473 NW Burnside Rd Gresham CITY STATE	
Name of Bank, Mailing Address	Depository, etc. Columbia Bank 473 NW Burnside Rd Gresham CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Columbia Bank 473 NW Burnside Rd Gresham CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Columbia Bank 473 NW Burnside Rd Gresham CITY STATE Depository, etc.	