

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL CENTER

2022 JAN 27 PM 2:02  
Office Use Only

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

12FE4M5

L O N E R O C K T I M B E R M A N A G E M E N T C O M P A N Y  
P O L I T I C A L A C T I O N C O M M I T T E E

ADDRESS (number and street)

P O B O X 1 1 2 7

(Check if address is changed)

2 3 2 3 O L D H I G H W A Y 9 9 S O U T H

R O S E B U R G

CITY

OR

STATE

9 7 4 7 0 - 0 2 5 5

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

t c a g l e @ l r t c o . c o m

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 0 1 / 0 4 / 2 0 2 2

3. FEC IDENTIFICATION NUMBER C 0 0 1 2 6 7 8 9

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

Tracey Cagle

Signature of Treasurer

Tracey Cagle

Date

0 1 / 1 2 / 2 0 2 2

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 Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

NONDISCRIMINATION COMPLIANCE

5. 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 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 \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (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 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 party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

|    |       |               |                                  |
|----|-------|---------------|----------------------------------|
| 1. | _____ | FEC ID number | <input type="checkbox"/> C _____ |
| 2. | _____ | FEC ID number | <input type="checkbox"/> C _____ |
| 3. | _____ | FEC ID number | <input type="checkbox"/> C _____ |
| 4. | _____ | FEC ID number | <input type="checkbox"/> C _____ |

NON-PROFIT CORPORATION

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

L o n e R c k T i m b e r M a n a g e m e n t C o m p a n y

Mailing Address

P O B O X 1 1 2 7

R O S E B U R G O R 9 7 4 7 0 - 0 2 5 5

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

T r a c e y C a g l i e

Mailing Address

P O B O X 1 1 2 7

R O S E B U R G O R 9 7 4 7 0 - 0 2 5 5

CITY

STATE

ZIP CODE

Title or Position

E x e c u t i v e A s s i s t a n t

Telephone number 5 4 1 - 6 7 3 - 0 1 4 1

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

T r a c e y C a g l i e

Mailing Address

P O B O X 1 1 2 7

R O S E B U R G O R 9 7 4 7 0 - 0 2 5 5

CITY

STATE

ZIP CODE

Title or Position

E x e c u t i v e A s s i s t a n t

Telephone number 5 4 1 - 6 7 3 - 0 1 4 1

NONPROFIT CORPORATION

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

[Grid for Name of Bank, Depository, etc. Line 1]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. Line 1]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

NONDISCRIMINATION CONFORMATION

5(g) or (h). Joint Fundraising Participant:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

FEC ID number  
FEC ID number  
FEC ID number  
FEC ID number

C  
C  
C  
C

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_ 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. \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

NON PROFIT ORGANIZATION



**LONE ROCK  
RESOURCES**  
P.O. BOX 1127  
ROSEBURG, OREGON 97470

**CERTIFIED MAIL®**

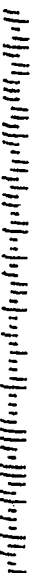


OR 9  
11 JAN 17 2022

7021 1970 0001 6873 4372

Federal Election Commission  
1050 First Street, NE  
Washington, DC 20463

20463



**RETURN RECEIPT  
REQUESTED**

2022 JAN 17 PM 2:02

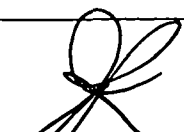
POSTAL CENTER

POST OFFICE

NON-PROFIT ORGANIZATION

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

|  |   |
|--|---|
| <input type="checkbox"/> Hand Delivered                                    | Date of Receipt                                     |
| <input type="checkbox"/> USPS First Class Mail                             | Postmarked<br>Date of Receipt                       |
| <input checked="" type="checkbox"/> USPS Registered/Certified              | Postmarked (R/C)<br><i>01/13/22</i>                 |
| <input type="checkbox"/> USPS Priority Mail                                | Postmarked  |
| <input type="checkbox"/> USPS Priority Mail Express                        | Postmarked  |
| <input type="checkbox"/> Postmark Illegible                                |   |
| <input type="checkbox"/> No Postmark                                       |   |
| <input type="checkbox"/> Overnight Delivery Service (Specify):             | Shipping Date                                       |
|  | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt                                     |
| <input type="checkbox"/> Received from Senate Public Records Office        | Date of Receipt                                     |
| <input type="checkbox"/> Received from Electronic Filing Office            | Date of Receipt                                     |
| <input type="checkbox"/> Other (Specify):                                  | Date of Receipt or Postmarked                       |

  
 PREPARER  
 (3/2015)

*01/28/22*  
 DATE PREPARED

NONDISCLOSURE INFORMATION