Image# 201801309090937900				01/30/2018 20 : 04
FEC FORM 1	STATEME ORGANIZ			PAGE 1 / 4 —
			Off	ce Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Friends of Jenni	fer Neahring			
ADDRESS (number and street)	PO Box 8835			
<ul> <li>(Check if address is changed)</li> </ul>				
	Bend └ │ │ │ │ │ │ │ │ │ │ │ CITY ▲		OR 9770 STATE ▲	08 
OMMITTEE'S E-MAIL ADDF	RESS			
(Check if address is changed)	j.green@c-esystems.c	om		
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE A (Check if address is changed)				
	30 <sup>7</sup> 2018			
. FEC IDENTIFICATION I		00660753		
. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief it	t is true, correct and	complete.
ype or Print Name of Treasu	<sub>rer</sub> Green, Jef, , ,			
ignature of Treasurer Gra	een, Jef, , ,	[Electronically Filed]	Date 01	<sup>D</sup> <sup>D</sup> <sup>7</sup> <sup>Y</sup>
OTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing ION SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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5.	TYPE	OF C	OMMITTEE
	Cand	lidate	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 Candio		Neahring, Jennifer, , ,
	Candio		D/C Sought: X House Sonate Precident
	Party J	Affiliatio	on D/C Sought: X House Senate President District 02
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candio		
	Party	/ Com	imittee:
	(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party.
	Politi	ical A	ction 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	Fund	raising 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.
		Com	mittees Participating in Joint Fundraiser
		1.	FEC ID number
		2.	FEC ID number
		3.	FEC ID number
		4.	FEC ID number

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Write or Type Committee Name

## Friends of Jennifer Neahring

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

	Mailing Address																		
															Ļ	-	- L		
										<u>ст</u>									
				CITY						51/	ATE				ZIP	CO	DE		
	Relationship: Connected	d Organization	Affilia		ommitte	e	Joint I	undra	aising			tative	è	Le				C Spo	onsor
7.	Relationship: Connected Custodian of Records: Ider books and records.	_		ated Co	ommitte					Repr	esen		_		ader	ship	) PA		

	Portland		97242
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	<sup>13</sup> – <u>295</u> – <u>1851</u>

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	Green, Jef, , ,
Mailing Address	PO Box 42307
	Portland
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number     503     -     295     -     1851

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																							_
Full Name of Designated Agent				 																			
Mailing Address																							
					CI	TΥ								STA	ΛΤΕ			ZIF	D C	OD	Е		
Title or Position																							
									Tele	eph	one	e ni	umt	ber									

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.

Col	umbia Bank	
Mailing Address	473 NW Burnside Road	
	Gresham	OR   97030
	CITY	STATE ZIP CODE
Name of Bank, Deposit	ory, etc.	
Mailing Address		
	CITY	STATE ZIP CODE