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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) TXV for US Senate 2022 to represent Oregon Committee 1575 Cottage St SE ADDRESS (number and street) (Check if address is changed) Salem 97302 OR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS verdethomas@outlook.com (Check if address is changed) Optional Second E-Mail Address verde.thomas.x@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00785204 FEC IDENTIFICATION NUMBER 3. 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. Verde, Thomas, , Mr., Type or Print Name of Treasurer Verde, Thomas, , Mr., [Electronically Filed] 07 2021 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 Only

Local 202-694-1100

FEC E c	orm 1 (Revised 02/2009)	Page 2				
TYPE OF (COMMITTEE	1 aye 2				
	didate Committee:					
(a) x	This committee is a principal campaign committee. (Complete the candidate information below	2.)				
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candid information below.)					
Name of Candidate	Verde, Thomas, X, TXV,					
Candidate Party Affiliat	ion UN Office Sought: House X Senate President	State OR District 00				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Cor	rty Committee:					
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Political A	action Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 segregate 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	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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
Con	Committees Participating in Joint Fundraiser					
1.	FEC ID number					
2.	FEC ID number					
3.	FEC ID number					
4.						

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W	rite or Type Committee Nar	me			
_7	TXV for US Se	enate 2022 to represent Oregor	n Cor	<u>nmitte</u> e)
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Rep	presentati	ive, or Leader	ship PAC Sponsor
N	ONE				
L					
	Mailing Address				
		CITY	STATE		ZIP CODE
	Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising	ig Represe	entative L	eadership PAC Sponsor
	Custodian of Records: Id books and records.	lentify by name, address (phone number optional) and posi	ition of the	e person in po	ossession of committee
		Thomas, , Mr.,			
	Full Name	1575 Cottage St SE			
	Mailing Address				
		Outro	OP	, ,97302	
		Salem	OR	97302	
	Title or Position	CITY	STATE		ZIP CODE
		Telephone nu	ımber	503	798
3.	Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the assistant treasurer).	ie committ	tee; and the n	ame and address of
	Full Name Verde, T of Treasurer	'homas, , Mr.,			
	Mailing Address	1575 Cottage St SE			
		Salem	OR STATE	97302	ZIP CODE
	Title or Position			503	798 0459
		Telephone nur	mber		

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Full Name of Designated Agent	Designated Verde, Thomas, X, Mr.,						
Mailing Address	1575 Cottage St SE						
	Salem OR 97302 CITY STATE	ZIP CODE					
Title or Position							
	Telephone number =						
safety deposit bo	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.						
	Wells Fargo						
Mailing Address	FI 1						
	Salem OR 97301						
	CITY STATE	ZIP CODE					
Name of Bank, I	Depository, etc.						
Mailing Address							
	CITY STATE	ZIP CODE					

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1N Transaction ID:

I, Thomas X Verde, am not requesting or accepting financial or other donations from anyone.

Form/Schedule: Transaction ID: