FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) over the lines. is changed) GW PAC PO Box 1091 ADDRESS (number and street) (Check if address is changed) Hood River 97031-0037 OR CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address treasurer.gwpac@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00333427 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 Simons, Marta,, Date 80 27 2025 Signature of Treasurer Simons, Marta, , , 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

E	Form 1 (Revised 03/2022) Page 2	2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	This committee is a principal campaign committee. (Complete the candidate information below.)	
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	
	Name of Candidate	
	Candidate Office State Party Affiliation Sought: House Senate President	
	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 Republican, etc.) Party	
	Political Action Committee (PAC):	
	e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	n 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 par committee. (i.e., nonconnected committee)	rty
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	g) This committee is an independent expenditure-only political committee (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:	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, at least one of which is an authorized committee of a federal candidate.	al
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, none of which is an authorized committee of a federal candidate.	al
	Committees Participating in Joint Fundraiser	
	1	\exists

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٧	Vrite or Type Committee Name		
	GW PAC		
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
	Mailing Address		
			-
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponsor
	Tiolasonomp.	Community Topics individual Community Topics	Loadoromp 1710 oponoon
7.	Custodian of Records: Ident books and records.	tify by name, address (phone number optional) and position of the person in possess	sion of committee
	Cimana M		
	Simons, Market Simons	arra, , ,	
	Mailing Address	2870 Prospect Avenue	
	Maining / Idahooo		
		Hood River OR 97031-7	1061
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		645 - 0404
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the naassistant treasurer).	ame and address of
	Full Name Simons, M.	arta	
	of Treasurer		
	Mailing Address	2870 Prospect Avenue	
		Hood River OR 97031-	1061
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		645

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Full Name of Designated Agent Mailing Address	Walden, Mylene, , Mrs., 1504 Sherman Avenue Hood River	OR	97031-1456
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasu		number	541 - 387 - 4820
	Depositories: List all banks or other depositories in which the common xes or maintains funds.	nittee deposits	funds, holds accounts, rents
Name of Bank, D	Depository, etc.		
Mailing Address	Columbia Bank PO Box 980 Hood River	OR	97031-0032
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.		
	Columbia Wealth Advisors		
Mailing Address	PO Box 1030		
	The Dalles	OR	97058-9030
	CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraising	•		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected (Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spor
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	Leadership PAC S
	Organization Affiliated Committee Join by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposit boxes or main arms of Bank, Umpqua	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which ntains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor aftety deposit boxes or main arme of Bank, expository, etc.	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which ntains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which ntains funds.	STATE A Telephone Number	ZIP CODE A
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