Only

STATEMENT OF

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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. WALDEN FOR CONGRESS PO Box 1091 ADDRESS (number and street) (Check if address is changed) Hood River 97031-0037 OR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS treasurer@gregwalden.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.gregwalden.com (Check if address is changed) DATE 2018 C00333427 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. Simons, Marta, A.,, Type or Print Name of Treasurer Simons, Marta, A.,, [Electronically Filed] 12 2018 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

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Can		e 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. (Corinformation below.)	nplete the candidate
Name Cand		Walden, Gregory, P., Mr.,	
Cand		on REP Sought: X House Senate President	State
Party	Affiliati	on REP Sought: X House Senate President	District 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction 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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number C	

FEC Form 1 (Revised 02/2009)	age 3
Write or Type Committee Name	uge u
WALDEN FOR CONGRESS	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA	C Sponsor
	о эропзог
Walden Victory Fund	
228 S Washington Street Mailing Address	
Suite 115	
Alexandrja VA 22314-5404	
CITY STATE ZIP CO	_ [] DDF
	JUL
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership	o PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records. 	n of committee
Simons, Marta, A., ,	1
Full Name2870 Prospect Avenue	
Mailing Address	
Hood River , OR , 97031-1061 ,	
THOU RIVE	
Title or Position CITY STATE ZIP CO	DDE
Treasurer 541 - 387 - <	- 4820
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and any designated agent (e.g., assistant treasurer).	l address of
Full Name Simons, Marta, A., ,	
of Treasurer	
Mailing Address 2870 Prospect Avenue	
Hood River OR 97031-1061	
CITY STATE ZIP CC Title or Position	DDE
Treasurer 541 - 387 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	- 4820

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Full Name of Designated Agent	Walden, Mylene, , Mrs.,	
Mailing Address	1504 Sherman Avenue	
	Hood River CITY STATE	456
Title or Position Assistant Treasur	rer Telephone number 541 - 3	387 - 4820
	Depositories: List all banks or other depositories in which the committee deposits funds, holds ces or maintains funds.	
safety deposit box Name of Bank, De	Banner Bank PO Box 40	
safety deposit box Name of Bank, De	Banner Bank PO Box 40 Medford OR 97501-00	003
safety deposit box Name of Bank, De Mailing Address	Banner Bank PO Box 40 Medford OR 97501-00	
safety deposit box Name of Bank, De Mailing Address Name of Bank, De	Banner Bank PO Box 40 Medford OR 97501-00 CITY STATE	003
safety deposit box Name of Bank, De Mailing Address Name of Bank, De	Banner Bank PO Box 40 Medford OR 97501-00	2003

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

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h). Joint Fundraisi	ng Participant:					
1.				FEC ID num	per C	
2.				FEC ID num	per C	
3.				FEC ID num	ber C	
4.				FEC ID num	ber C	
ame of Any Connected	l Organization, A	ffiliated Committe	ee, Joint Fundra	aising Represen	tative, or Le	adership PAC Spon
Mailing Address						
Relationship:		CITY ▲		STAT	E 🛦	ZIP CODE ▲
Connecto	al Oussaissation	Affiliated Comm				
	ed Organization fy by name, addre			Fundraising Repre	esentative	Leadership PAC Sp
esignated Agent: Identi				Fundraising Repre	sentative	Leadership PAC Sp
esignated Agent: Identi				Fundraising Repre	sentative	Leadership PAC Sp
esignated Agent: Identi				Fundraising Repre	sentative	Leadership PAC Sp
esignated Agent: Identi	fy by name, addre	ess (phone numbe	er – optional)			
esignated Agent: Identi	fy by name, addre	ess (phone numbe	er – optional)			
esignated Agent: Identi Full Name Mailing Address	fy by name, addre	ess (phone numbe	er – optional)			
esignated Agent: Identi Full Name Mailing Address	fy by name, addre	ess (phone numbe	er – optional)	STATE		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, addre	ess (phone numbe	er – optional)	STATE lephone Number		ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and mailing	fy by name, addre	ess (phone number	er – optional)	STATE lephone Number		ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, CB Fi	fy by name, addre	ess (phone number	er – optional)	STATE lephone Number		ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and mailing	fy by name, addre	ess (phone number	er – optional)	STATE lephone Number		ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, addre	ess (phone number	er – optional)	STATE lephone Number		ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, addre	ess (phone number	er – optional)	STATE lephone Number	posits funds,	ZIP CODE A

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

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h). Joint Fundraisin	3 · · · · · · · · · · · · · · · · · · ·				
1.			FEC II	0 number	C
2.			FEC II	0 number	С
3.			FEC II	0 number	С
4.			FEC II	0 number	C
ame of Any Connected	Organization, Affilia	ated Committee, Joint F	undraising Re	oresentativ	e, or Leadership PAC Spo
				1 1 1 1	
Mailing Address					
				1 1	
Relationship:		CITY A		STATE A	ZIP CODE ▲
Connected	1 Organization	Affiliated Committee	Joint Fundraisin	g Represent	tative Leadership PAC
		Affiliated Committee		g Represent	tative Leadership PAC
				g Represent	tative Leadership PAC
esignated Agent: Identify				g Represent	tative Leadership PAC
esignated Agent: Identify				g Represent	tative Leadership PAC
esignated Agent: Identify				g Represent	tative Leadership PAC
esignated Agent: Identify Full Name	by name, address		nl)	g Represent	
esignated Agent: Identify	by name, address	(phone number – optiona	al)	STATE A	
esignated Agent: Identify Full Name Mailing Address	by name, address	(phone number – optiona	nl)	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or material depository, etc.	v by name, address	(phone number – optional	Telephone N	STATE A umber	
Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	v by name, address v by n	(phone number – optional	Telephone N	STATE A umber	ZIP CODE A
Full Name	v by name, address v by n	(phone number – optional	Telephone N	STATE A umber	ZIP CODE A

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

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(h). Joint Fundraisin	g Participant.				
1.			FEC II	O number	C
2.			FEC II	O number	С
3.			FEC II	O number	С
4.			FEC II	O number	С
ame of Any Connected	Organization, Affilia	ated Committee, Joint F	undraising Re	presentativ	ve, or Leadership PAC Spor
				1 1 1 1	
Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE ▲
Connected	d Organization	Affiliated Committee	Joint Fundraisin	g Represent	tative Leadership PAC S
esignated Agent: Identify				g Represent	tative Leadership PAC S
esignated Agent: Identify				g Represent	tative Leadership PAC S
esignated Agent: Identify				g Represent	Leadership PAC S
esignated Agent: Identify				g Represent	Leadership PAC S
esignated Agent: Identify				g Represent	Leadership PAC S
esignated Agent: Identify	by name, address		al)	g Represent	
esignated Agent: Identify Full Name Mailing Address	by name, address	(phone number – optiona	al)	STATE A	
esignated Agent: Identify Full Name Mailing Address	by name, address	(phone number – optiona	al)	STATE A	
esignated Agent: Identify Full Name	v by name, address	(phone number – optional	Telephone N	STATE A	
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	ries: List all banks dintains funds.	(phone number – optional	Telephone N	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	v by name, address	(phone number – optional	Telephone N	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	ries: List all banks dintains funds.	(phone number – optional	Telephone N	STATE A	ZIP CODE A
Full Name	v by name, address v by n	(phone number – optional	Telephone N	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	v by name, address v by n	(phone number – optional	Telephone N	STATE A	ZIP CODE A

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

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၁(g) (or(h). Joint Fundraisi n	g Participant:		
	1.	FEC II	D number	C
	2.	FEC II	D number	С
	3.	FEC II	D number	C
	4	FEC II	D number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Re	presentative	e, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee Joint Fundraisin	g Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	y by name, address (phone number – optional)		
	Mailing Address			
		CITY A	STATE A	ZIR CODE A
		1	STATE ▲	ZIP CODE A
	Mailing Address	CITY A Telephone N	STATE ▲	ZIP CODE A
9.	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Wells	ries: List all banks or other depositories in which the comm	STATE Jumber	
9.	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the commaintains funds.	STATE Jumber	
9.	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Wells	ries: List all banks or other depositories in which the commaintains funds. Fargo Bank	STATE Jumber	
9.	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the commaintains funds. Fargo Bank 420 Montgomery Street	STATE A Jumber L ittee deposits	s funds, holds accounts, rents
9.	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the commaintains funds. Fargo Bank	STATE Jumber	