

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

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

12FE4M5

Lori Chavez-DeRemer for Congress

ADDRESS (number and street)

11805 SE Eastbourne Lane

☐ (Check if address is changed)

Happy Valley

CITY ▲

OR

97086

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

info@lorichavezderemer.com

Optional Second E-Mail Address

loripiercy@centurylink.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.LoriChavezDeRemer.com

2. DATE

M M	/	D D	/	Y Y Y Y
07	/	13	/	2021

3. FEC IDENTIFICATION NUMBER ►

C C00784520

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 Chavez-DeRemer, Lori, , ,

Signature of Treasurer Chavez-DeRemer, Lori, , ,

[Electronically Filed]

Date

M M	/	D D	/	Y Y Y Y
06	/	24	/	2022

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)

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 Chavez-Deremer, Lori, , ,

Candidate Party Affiliation REP

Office Sought: ☒ House ☐ Senate ☐ President

State OR

District 05

- (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.)

- (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:

- (i) ☐ 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.
- (j) ☐ 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. _____

C _____

2. _____

C _____

Write or Type Committee Name

Lori Chavez-DeRemer for Congress**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

CHAVEZ-DEREMER SKARLATOS VICTORY 2022

Mailing Address

PO BOX 23696

TIGARD

OR

97281

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☒ 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

Piercy, Lori, , ,

Mailing Address

29993 Maple Drive

Rainier

OR

97048

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Asst. Treasurer

Telephone number

503

816

7131

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

Chavez-DeRemer, Lori, , ,

Mailing Address

11805 SE Eastbourne Lane

Happy Valley

OR

97086

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

503

732

0334

Full Name of
Designated
Agent

Piercy, Lori, , ,

Mailing Address

29993 Maple Drive

Rainier

OR

97048

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Asst. Treasurer

Telephone number

503

816

7131

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.

Columbia Bank

Mailing Address

15820 SE Happy Valley Town Ctr Dr

Happy Valley

OR

97086

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Umpqua Bank

Mailing Address

6610 SW Cardinal Lane

Tigard

OR

97224

CITY ▲

STATE ▲

ZIP CODE ▲

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

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

TAKE BACK OR-05 REPUBLICAN NOMINEE FUND 2022

Mailing Address

PO Box 30844

Bethesda

MD

20824

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, **Evolve Bank & Trust**

Depository, etc.

Mailing Address

301 Shoppingway Blvd

West Memphis

AR

72301

CITY ▲

STATE ▲

ZIP CODE ▲