05/09/2014 09 : 34

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### FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3   | For An A               | Authorized Co         | mmittee                            |                | Of                 | fice Use Only                |
|--|------------------------|-----------------------|------------------------------------|----------------|--------------------|------------------------------|
| NAME OF<br>COMMITTEE (in full)                     | TYPE OR PRIN           |                       | Example: If typing over the lines. | , type         | 12FE4M5            |                              |
| Bonamici for Congr                                 | ess                    |                       |                                    |                |                    | 1                            |
| l  |                        |                       |                                    |                |                    |                              |
| ADDRESS (number and stree                          | 3321 SE 20th           | Ave                   |                                    |                |                    |                              |
| _  |                        |                       |                                    | 1 1 1          |                    |                              |
| Check if different than previously reported. (ACC) | Portland               |                       |                                    |                | OR 972             | 202                          |
| 2. <b>FEC IDENTIFICATIO</b>                        | N NUMBER ▼             | CITY                  |                                    |                | STATE A            | ZIP CODE A STATE ▼ DISTRICT  |
| C C00500421  |                        | 3. IS THIS<br>REPORT  | × NEW (N)                          | OR             | AMENDED (A)        |                              |
| 4. TYPE OF REPORT                                  | (Choose One)           |                       |                                    |                |                    |                              |
| (a) Quarterly Reports:                             |                        |                       | <b>RE</b> -Election Report         | t for the:     | -                  |                              |
| April 15 Quarte                                    | erly Report (Q1)       | ×                     | Primary (12P)                      | L              | General (12G       | Runoff (12R)                 |
| July 15 Quarte                                     | erly Report (Q2)       | L                     | Convention (12                     | 2C)            | Special (12S)      |                              |
|  | uarterly Report (Q3)   | Election              | on 05 /                            | 20 /           | 2014               | in the<br>State of           |
| January 31 Ye                                      | ar-End Report (YE)     | (c) 30-Day <b>P</b> ( | OST-Election Repo                  | ort for the:   |                    |                              |
|  |                        |                       | General (30G)                      |                | Runoff (30R)       | Special (30S)                |
| Termination Re                                     | eport (TER)            | Election              | on M M /                           | D D /          | Y Y Y Y            | in the<br>State of           |
| 5. Covering Period                                 | M M M / D D 01         | 2014                  | through                            | M M 04         | / D D / Y          | 2014                         |
| I certify that I have examine                      | ed this Report and to  | o the best of my      | knowledge and be                   | elief it is tr | ue, correct and c  | omplete.                     |
| Type or Print Name of Trea                         | surer Kevin Neely      |                       |                                    |                |                    |                              |
| Signature of Treasurer                             | Kevin Neely            |                       | [Electronically Fi                 | led] [         | Date 05            | 08 / Y Y Y Y Y Y Y Y 2014    |
| NOTE: Submission of false, e                       | erroneous, or incomple | ete information ma    | ay subject the perso               | on signing t   | this Report to the | penalties of 2 U.S.C. §437g. |
| Office<br>Use<br>Only                              |                        |                       |                                    |                |                    | FEC FORM 3 (Revised 02/2003) |

#### **SUMMARY PAGE**

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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TEC FORM 3 (Nevised 02/200

Write or Type Committee Name Bonamici for Congress

04 30 2014 01 2014 Report Covering the Period: From: To: **COLUMN B COLUMN A** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 41048.21 624458.35 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 25.00 26.73 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 41023.21 624431.62 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 23342.37 307086.86 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 23342.37 307086.86 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 482560.51 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 200000.00 Schedule C and/or Schedule D).....

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

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8602.69

633061.04

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

#### **Bonamici for Congress**

04 2014 04 01 2014 30 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 16575.00 237047.00 (i) Itemized (use Schedule A)..... 4873.21 40702.60 (ii) Unitemized..... (iii) TOTAL of contributions 21448.21 277749.60 from individuals ..... 0.00 0.00 Political Party Committees..... Other Political Committees 19600.00 346571.25 (such as PACs)..... 0.00 137.50 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 41048.21 624458.35 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 13. LOANS: (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) ..... 15. OTHER RECEIPTS

0.00

41048.21

(Dividends, Interest, etc.).....

(Carry Total to Line 24, page 4).....

16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15)

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

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|     |     | II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B Election Cycle-to-Date |
|-----|-----|--|-------------------------------|---------------------------------|
| 17. | OPI | ERATING EXPENDITURES                                       | 23342.37                      | 307086.86                       |
| 18. |     | ANSFERS TO OTHER THORIZED COMMITTEES                       | 0.00                          | 58000.00                        |
| 19. | LOA | AN REPAYMENTS:   |                               |                                 |
|     | (a) | Of Loans Made or Guaranteed by the Candidate               | 0.00                          | 0.00                            |
|     | (b) | Of All Other Loans   | 0.00                          | 0.00                            |
|     | (c) | TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))            | 0.00                          | 0.00                            |
| 20. | REF | FUNDS OF CONTRIBUTIONS TO:                                 |                               |                                 |
|     | (a) | Individuals/Persons Other Than Political Committees        | 25.00                         | 26.73                           |
|     |     |  | 0.00                          | 0.00                            |
|     | (b) | Political Party Committees  Other Political Committees     | 0.00                          | 0.00                            |
|     | (-) | (such as PACs)   | 0.00                          | 0.00                            |
|     | (d) | TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)) | 25.00                         | 26.73                           |
| 21. | OTI | HER DISBURSEMENTS  | 350.00                        | 35530.00                        |
| 22. |     | TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)    | 23717.37                      | 400643.59                       |
|     |     | III. CASH SU   | MMARY                         |                                 |
| 23. | CAS | SH ON HAND AT BEGINNING OF REPOR                           | RTING PERIOD                  | 465229.67                       |
| 24  | TO  | TAL RECEIPTS THIS PERIOD (from Line 1                      | 16, page 3)                   | 41048.21                        |
| 25. | SUI | BTOTAL (add Line 23 and Line 24)                           |                               | 506277.88                       |
| 26. | TO  | TAL DISBURSEMENTS THIS PERIOD (from                        | m Line 22)                    | 23717.37                        |
| 27. | CAS | SH ON HAND AT CLOSE OF REPORTING                           | G PERIOD                      | 482560.51                       |

FOR LINE NUMBER: **PAGE** 5 (check only one) 11a 11b 11c

OF

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Use separate schedule(s) for each category of the 11d Detailed Summary Page 12 13a 13b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Bonamici for Congress** Full Name (Last, First, Middle Initial) Paula Abrams Date of Receipt Mailing Address 01610 SW Radcliffe Rd 02 2014 City State Zip Code Transaction ID: CN042714130022Pa OR 97219-Portland FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation Lewis & Clark Law Faculty Receipt For: 2014 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Keith Bauer Date of Receipt Mailing Address 575 Superior St S 15 2014 City State Zip Code Transaction ID: CN042714132959Ke Salem OR 97302-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Self Attorney Receipt For: 2014 Election Cycle-to-Date | Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Leonard Bergstein Date of Receipt Mailing Address 2350 NW Savier St 2014 30 Unit 412 City State Zip Code Transaction ID: CN050314080429Le OR Portland 97210-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Self Consultant Receipt For: 2014 Election Cycle-to-Date Primary General Other (specify) 350.00 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 6 OF (check only one) 11a 11d 11b 11c Detailed Summary Page 12 13a 13b 14

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Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Bonamici for Congress** Full Name (Last, First, Middle Initial) **David Bledsoe** Date of Receipt Mailing Address 3126 NE Brazee St 19 2014 City State Zip Code Transaction ID: CN042714130924Da OR 97212-Portland FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation Perkins Coie Lawyer Receipt For: 2014 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Michael Butera Date of Receipt Mailing Address 1806 Robert Fulton Dr 02 2014 City State Zip Code Transaction ID: CN042714130043Mi Reston VA 20191-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation **Executive Director and CEO** National Assn for Music Education Receipt For: 2014 Election Cycle-to-Date | Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Jane Cease Date of Receipt Mailing Address 2625 NE Hancock St 2014 30 City State Zip Code Transaction ID: CN050314080417Ja OR Portland 97212-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 50.00 Name of Employer Occupation None Retired Receipt For: 2014 Election Cycle-to-Date Primary General Other (specify) 300.00 800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

|   | FOR LINE NUMBER: | PAGE 7 OF 37 |  |  |  |  |  |  |
|---|------------------|--------------|--|--|--|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page   | (check only one) |              |  |  |  |  |  |  |
|   | X 11a 11b        | 11c 11d      |  |  |  |  |  |  |
|   | 12 13a           | 13b 14 15    |  |  |  |  |  |  |
| not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee |                  |              |  |  |  |  |  |  |

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) **Bonamici for Congress** Full Name (Last, First, Middle Initial) Katherine Cowan Date of Receipt Mailing Address 4707 Hastings PI 2014 30 City State Zip Code Transaction ID: CN050314080442Ka OR Lake Oswego 97035-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation **EID Passport Inc** Attorney Receipt For: 2014 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) T.B. Dame Date of Receipt Mailing Address 2880 NW Ariel Terrace 15 2014 City State Zip Code Transaction ID: CN050614154730T. 97210-Portland OR FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 400.00 Name of Employer Occupation Williams & Dame Developer Receipt For: 2014 Election Cycle-to-Date ✓ General Primary 1400.00 Other (specify) C.

| Full Name (Last, First, Middle Initial)                                      |                                |                                    |
|--|--------------------------------|------------------------------------|
| T.B. Dame  |                                | Date of Receipt                    |
| Mailing Address 2880 NW Ariel Terrace  |                                | 04 15 2014                         |
| City   | State Zip Code                 | Transaction ID : CN042714132854T.  |
| Portland   | OR 97210-                      | Transaction ib . GN0427 141320341. |
| FEC ID number of contributing federal political committee.  Name of Employer | Occupation                     | Amount of Each Receipt this Period |
| Williams & Dame  | Developer                      |                                    |
| Receipt For: 2014  Primary General Other (specify)                           | Election Cycle-to-Date 3000.00 |                                    |
|  | ·                              |                                    |

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2100.00

FOR LINE NUMBER: **PAGE** 8 OF 37 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Bonamici for Congress** Full Name (Last, First, Middle Initial) Eloise Damrosch Date of Receipt Mailing Address 3839 NW Gordon St 15 2014 City State Zip Code Transaction ID: CN042714130753EI OR 97210-Portland FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 100.00 Name of Employer Occupation Regional Arts & Culture Council Arts administrator Receipt For: 2014 Election Cycle-to-Date Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) Saskia De Boer Date of Receipt Mailing Address 2440 NW Pettygrove Street 27 2014 City State Zip Code Transaction ID: CN050314083219Sa Portland OR 97210-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Casey Family Programs Attorney Receipt For: 2014 Election Cycle-to-Date | Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) David Ellis Date of Receipt Mailing Address 3531 SW Boundary St. 2014 09 City State Zip Code Transaction ID: CN042714130339Da OR Portland 97221-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation Lewis & Clark Attorney Receipt For: 2014 Election Cycle-to-Date | Y Primary General 350.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) 11a 11d 11b 11c 12

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for each category of the ITEMIZED RECEIPTS Detailed Summary Page 13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Bonamici for Congress** Full Name (Last, First, Middle Initial) George Fogg Date of Receipt Mailing Address 9130 NW McKenna Dr 2014 14 City State Zip Code Transaction ID: CN042714130724Ge OR 97229-Portland FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation Perkins Coie Attorney Receipt For: 2014 Election Cycle-to-Date | Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) Luanne M Fordney Date of Receipt Mailing Address 12837 NW Lorraine Dr. 01 2014 Citv State Zip Code Transaction ID: CN042714125806Lu Portland OR 97229-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Sales/Office manager Peak Performance Sales Receipt For: 2014 Election Cycle-to-Date | Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **Daniel Gibbs** Date of Receipt Mailing Address 2863 NW Fairfax Terr 2014 11 City State Zip Code Transaction ID: CN042714130606Da OR Portland 97210-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 200.00 Name of Employer Occupation OHSU Physician Receipt For: 2014 Election Cycle-to-Date | Yrimary General 1200.00 Other (specify) 950.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 10 OF Use separate schedule(s) (check only one) 11a 11b 11d 11c 12

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for each category of the Detailed Summary Page 13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Bonamici for Congress** Full Name (Last, First, Middle Initial) Michelle Giguere Date of Receipt Mailing Address 0430 SW Miles St 30 2014 City State Zip Code Transaction ID: CN050314080506Mi OR 97219-Portland FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 200.00 Name of Employer Occupation Ball Janik Director Receipt For: 2014 Election Cycle-to-Date Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) Jonathan Glenn Date of Receipt Mailing Address 180 Milkyway Drive 29 2014 City State Zip Code Transaction ID: CN050314083229Jo Hanwell NB E3C1m-9 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Information Requested 4/30/14 Information Requested Receipt For: 2014 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Harold Goldstein Date of Receipt Mailing Address 11744 SW Summerville Ave 2014 16 City Zip Code State Transaction ID: CN042714130830Ha OR Portland 97219-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Self **Psychologist** Receipt For: 2014 Election Cycle-to-Date Primary General Other (specify) 1000.00 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF 37 (check only one) 11a 11b 11d 11c 12 13a 13b 14

Use separate schedule(s) for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Bonamici for Congress** Full Name (Last, First, Middle Initial) Harriet Greenlick Date of Receipt Mailing Address 712 NW Spring Ave. 30 2014 City State Zip Code Transaction ID: CN050314080521Ha OR 97229-Portland FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation Oregon Legislative Assembly Office manager Receipt For: 2014 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **Brett Hamilton** Date of Receipt Mailing Address 3918 NE Skidmore 14 2014 Citv State Zip Code Transaction ID: CN042714130737Br Portland OR 97211-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation **Executive director** Tobacco Free Coalition of Oregon Receipt For: 2014 Election Cycle-to-Date | Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Frances Hanckel Date of Receipt Mailing Address 2758 SW Fairmount Blvd. 2014 02 City State Zip Code Transaction ID: CNAB201404280081 OR Portland 97239-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation Not employed Not employed Receipt For: 2014 Election Cycle-to-Date Y Primary General Earmarked from Act Blue 1100.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 12 OF (check only one) 11a 11b 11d 11c 12

37 Use separate schedule(s) for each category of the Detailed Summary Page 13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Bonamici for Congress** Full Name (Last, First, Middle Initial) Chris Harker Date of Receipt Mailing Address 770 SW Viewmont Dr 21 2014 City State Zip Code Transaction ID: CN042714131143Ch OR 97225-Portland FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation State of Oregon Legislator Receipt For: 2014 Election Cycle-to-Date Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Chris Harker Date of Receipt Mailing Address 770 SW Viewmont Dr 27 2014 City State Zip Code Transaction ID: CN050314083210Ch Portland OR 97225-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation Legislator State of Oregon Receipt For: 2014 Election Cycle-to-Date | Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) John Langslet Date of Receipt Mailing Address 130 NW 101st Ave 2014 10 City State Zip Code Transaction ID: CN042714130551Jo OR Portland 97229-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation Self Attorney Receipt For: 2014 Election Cycle-to-Date Primary General Other (specify) 400.00 700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 OF Use separate schedule(s) for each category of the ITEMIZED RECEIPTS 11d 11c Detailed Summary Page 12 13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Bonamici for Congress** Full Name (Last, First, Middle Initial) Grace Lee-Park Date of Receipt Mailing Address PO Box 10251 06 2014 City State Zip Code Transaction ID: CN042714130235Gr OR 97296-Portland FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 125.00 Name of Employer Occupation None None Receipt For: 2014 Election Cycle-to-Date Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) Kevin Lynch Date of Receipt Mailing Address 3020 NE 17th Ave 22 2014 Citv State Zip Code Transaction ID: CN042714131221Ke Portland OR 97212-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Communications Iberdrola Renewables Receipt For: 2014 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Lisa Naito Date of Receipt Mailing Address 2814 NW Cumberland Rd 2014 30 City State Zip Code Transaction ID: CN050314080829Li OR Portland 97210-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation Self Political Consultant Receipt For: 2014 Election Cycle-to-Date Primary General Other (specify) 350.00 725.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 11d Detailed Summary Page 12 13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Bonamici for Congress** Full Name (Last, First, Middle Initial) Alex Nock Date of Receipt Mailing Address 777 6th St NW 02 2014 Suite 650 City State Zip Code Transaction ID: CN042714130034AI DC 20001-Washington FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation Penn Hill Group Consultant Receipt For: 2014 Election Cycle-to-Date | Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) Mary Nolan Date of Receipt Mailing Address 910 SW Canning St 30 2014 City State Zip Code Transaction ID: CN050314080537Ma Portland OR 97201-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation Business development specialist Caudaloso LLC Receipt For: 2014 Election Cycle-to-Date | Primary General 950.00 Other (specify) Full Name (Last, First, Middle Initial) Leslie O'Leary Date of Receipt Mailing Address 4405 SW Dosch Rd 2014 19 City State Zip Code Transaction ID: CN042714131020Le OR Portland 97239-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Williams O'Leary Attorney Receipt For: 2014 Election Cycle-to-Date Y Primary General 500.00 Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 15 OF 37 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Bonamici for Congress** Full Name (Last, First, Middle Initial) Patricia O'Leary Date of Receipt Mailing Address 3320 SW Underwood Dr 23 2014 City State Zip Code Transaction ID: CN042714133312Pa OR 97225-Portland FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation None None Receipt For: 2014 Election Cycle-to-Date Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Terry Osborne Date of Receipt Mailing Address 12085 SW Foothill Dr 15 2014 City State Zip Code Transaction ID: CN042714130808Te Portland OR 97225-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 50.00 Name of Employer Occupation None None Receipt For: 2014 Election Cycle-to-Date | Primary General 202.00 Other (specify) Full Name (Last, First, Middle Initial) Lee Peeler Date of Receipt Mailing Address 4919 Fort Sumner Dr 2014 02 City Zip Code State Transaction ID: CN042714130151Le MD Bethesda 20816-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Better Business Bureau Manager Receipt For: 2014 Election Cycle-to-Date | Y Primary General Other (specify) 250.00 800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 16 OF 37 (check only one) 11a 11b 11d 11c 12 13a 13b 14

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Bonamici for Congress** Full Name (Last, First, Middle Initial) Michael Powell Date of Receipt Mailing Address 6115 SE Salmon St 15 2014 City State Zip Code Transaction ID: CN042714132716Mi OR 97215-Portland FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation Powell's Books bookseller Receipt For: 2014 Election Cycle-to-Date Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Robert Rose Date of Receipt Mailing Address 1323 Jordan Dr S 01 2014 City State Zip Code Transaction ID: CN042714125652Ro Salem OR 97302-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Lobbyist Self Receipt For: 2014 Election Cycle-to-Date | Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Laurens Ruben Date of Receipt Mailing Address 5270 SW Landing Square, A#15 2014 09 City State Zip Code Transaction ID: CN042714130328La OR Portland 97239-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation Reed College Professor Emeritus Receipt For: 2014 Election Cycle-to-Date Y Primary General Other (specify) 250.00 850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 17 OF 37 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Bonamici for Congress** Full Name (Last, First, Middle Initial) Charles Scudder Date of Receipt Mailing Address 4625 SW 29th Ave 30 2014 City State Zip Code Transaction ID: CN050314080226Ch OR 97239-Portland FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation Self Science writer Receipt For: 2014 Election Cycle-to-Date Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Sadhana Shenoy Date of Receipt Mailing Address 2588 NW 126th Ave 30 2014 City State Zip Code Transaction ID: CN050314080352Sa Portland OR 97229-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation None None Receipt For: 2014 Election Cycle-to-Date | Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) John Sherman Date of Receipt Mailing Address 1912 NW Aspen 2014 07 City State Zip Code Transaction ID: CN042714130253Jo OR Portland 97210-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2600.00 Name of Employer Occupation **Unit Corp** Asset Manager Receipt For: 2014 Election Cycle-to-Date | Y Primary General Other (specify) 3600.00 3200.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: **PAGE** 18 OF 37 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Bonamici for Congress** Full Name (Last, First, Middle Initial) Robert Shlachter Date of Receipt Mailing Address 4431 SW Eleanor Ln 30 2014 City State Zip Code Transaction ID: CN050314080849Ro OR 97221-Portland FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation Stoll Berne Attorney Receipt For: 2014 Election Cycle-to-Date Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) Les Swanson Date of Receipt Mailing Address 900 SW 83rd Ave 30 2014 City State Zip Code Transaction ID: CN050314081009Le Portland OR 97225-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation Self Lawyer Receipt For: 2014 Election Cycle-to-Date | Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) Lynn Tobias Date of Receipt Mailing Address 3100 NE Alameda St 2014 27 City State Zip Code Transaction ID: CN050314082949Ly OR Portland 97212-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation self Education consulting Receipt For: 2014 Election Cycle-to-Date Primary General Other (specify) 950.00 450.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: **PAGE** 19 OF 37 (check only one) 11a 11b 11d 11c 12 13a 13b 14

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Bonamici for Congress** Full Name (Last, First, Middle Initial) Helen Towle Date of Receipt Mailing Address 1452 Barber Drive 01 2014 City State Zip Code Transaction ID: CN042714125632He OR 97405-Eugene FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 100.00 Name of Employer Occupation Self HR Consultant Receipt For: 2014 Election Cycle-to-Date Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) Margaret Van Valkenburg Date of Receipt Mailing Address 6202 SE 21st 27 2014 City State Zip Code Transaction ID: CN050314083113Ma Portland OR 97202-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation **Bullivan Houser Bailey** Lawyer Receipt For: 2014 Election Cycle-to-Date | Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) **Robert Weiss** Date of Receipt Mailing Address 2323 SW Park PI #904 2014 23 City State Zip Code Transaction ID: CN042714133349Ro OR Portland 97205-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation None Retired Receipt For: 2014 Election Cycle-to-Date | Yrimary General Other (specify) 500.00 850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 20 OF (check only one) 11a 11b 11d 11c 12

37 Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page 13a 13b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Bonamici for Congress** Full Name (Last, First, Middle Initial) Jeffrey Wihtol Date of Receipt Mailing Address 3501 SW Council Crest Dr. 2014 15 City State Zip Code Transaction ID: CN042714130817Je OR 97239-Portland FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 1000.00 Name of Employer Occupation Self employed Attorney Receipt For: 2014 Election Cycle-to-Date | Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) Julie Young Date of Receipt Mailing Address 1001 NW Lovejoy St #410 30 2014 City State Zip Code Transaction ID: CN050314080949Ju Portland OR 97209-FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 300.00 Name of Employer Occupation Retired none Receipt For: 2014 Election Cycle-to-Date | Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional)..... 16575.00 TOTAL This Period (last page this line number only).....

|   | FOR LINE NUMBER: |     |  |     | PAGE | 2   | l OF | 37  |    |
|---|------------------|-----|--|-----|------|-----|------|-----|----|
| Use separate schedule(s) for each category of the Detailed Summary Page       | (check only one) |     |  |     |      |     |      |     |    |
|   |                  | 11a |  | 11b | X    | 11c | -    | l1d |    |
|   |                  | 12  |  | 13a |      | 13b |      | 14  | 15 |
| not be sold or used by any person for the purpose of soliciting contributions |                  |     |  |     |      |     |      |     |    |

|    |  | Statements may not be sold or used by any pe<br>e name and address of any political committee |  |
|----|--|---|--|
|    | NAME OF COMMITTEE (In Full) Bonamici for Congress  |   |  |
| Α. | Full Name (Last, First, Middle Initial) Realtors PAC Mailing Address 430 N Michigan St  City                                 | State Zip Code  | Date of Receipt    M   |
|    | Chicago  FEC ID number of contributing federal political committee.  | IL 60611-<br>C C00030718  | Amount of Each Receipt this Period                             |
|    | Name of Employer  Receipt For: 2014  Primary General Other (specify)   | Occupation  Election Cycle-to-Date  4000.00   | , , ,  |
| В. | Full Name (Last, First, Middle Initial) Political Educational Fund of the B Mailing Address 815 16th Street, N.W. #600  City | State Zip Code  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
|    | Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2014                  | DC 20006-  C C00003160  Occupation  Election Cycle-to-Date                                    | Amount of Each Receipt this Period                             |
|    | Primary General Other (specify)  Full Name (Last, First, Middle Initial)   | 2000.00   |  |
| C. | American Physical Therapists Si  Mailing Address 1111 N Fairfax St  City  Alexandria   | State Zip Code VA 22314-  | Date of Receipt    M   |
|    | FEC ID number of contributing federal political committee.   | C C00012880   | Amount of Each Receipt this Period                             |
|    | Name of Employer  Receipt For: 2014  Primary General Other (specify)   | Cocupation  Election Cycle-to-Date  1000.00   | 1000.00  |
| Г  | SUBTOTAL of Receipts This Page (optional)  |   | 4000.00  |

|   | FO               | R LINE I | NU | MBER: | : | PAGE | 22 | OF | 37 |
|---|------------------|----------|----|-------|---|------|----|----|----|
| Use separate schedule(s) for each category of the Detailed Summary Page | (check only one) |          |    |       |   |      |    |    |    |
|   |                  | 11a      |    | 11b   | X | 11c  | 11 | d  |    |
|   |                  | 12       |    | 13a   |   | 13b  | 14 | ļ. | 15 |
|   |                  |          |    |       |   |      |    |    |    |

|               |   | Statements may not be sold or used by any pe<br>e name and address of any political committee |  |
|---------------|---|---|--|
|               | NAME OF COMMITTEE (In Full)  Bonamici for Congress  |   |  |
| Α.            | Full Name (Last, First, Middle Initial) ChiroPAC  Mailing Address 10570 SE Washington St Suite 201  City Portland  FEC ID number of contributing federal political committee.  Name of Employer       | State Zip Code OR 97216-  C   | Date of Receipt  04 30 2014  Transaction ID: CN050314081448Ch  Amount of Each Receipt this Period                          |
|               | Receipt For: 2014    X   Primary   General     Other (specify)  | Election Cycle-to-Date  |  |
| B.            | Full Name (Last, First, Middle Initial)  National Weather Service Employ  Mailing Address 601 Pennsylvania Ave NW  South Building #900  City  Washington  | State Zip Code DC 20004-  | Date of Receipt    M   |
|               | FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2014  Primary General Other (specify)  | C C00318311  Occupation  Election Cycle-to-Date  3000.00                                      | Amount of Each Receipt this Period 500.00  |
| <u></u><br>с. | Full Name (Last, First, Middle Initial)  Lockheed Martin PAC  Mailing Address 2121 Crystal Dr Suite 100  City Arlington  FEC ID number of contributing federal political committee.  Name of Employer | State Zip Code VA 22202-  C C00303024  Occupation  Election Cycle-to-Date                     | Date of Receipt  M M M / D D / Y Y Y Y Y  O4 11 2014  Transaction ID: CN041414083542Lo  Amount of Each Receipt this Period |
| Г             | Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number   |   | 2500.00  |

## S

| SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS   |                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 23 OF 37 (check only one)  11a   |
|--|----------------|---|--|
|  |                |   | person for the purpose of soliciting contributions see to solicit contributions from such committee.                                 |
| NAME OF COMMITTEE (In Full)  Bonamici for Congress   |                |   |  |
| Full Name (Last, First, Middle Initial) Lockheed Martin PAC  Mailing Address 2121 Crystal Dr Suite 100  City Arlington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2014  Primary General Other (specify)               | Occupation     | Zip Code<br>22202-<br>0303024<br>n<br>cycle-to-Date                     | Date of Receipt  M M M / D D / Y Y Y Y Y  O4 23 2014  Transaction ID : CN042714133233Lo  Amount of Each Receipt this Period  1000.00 |
| Full Name (Last, First, Middle Initial)  American Forest & Paper Assn F  Mailing Address 1101 K Street NW Suite 700  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2014  Primary General Other (specify) | State DC C     | Zip Code<br>20005-  | Date of Receipt  M M M / 30 / 2014  Transaction ID : CN050314080154Am  Amount of Each Receipt this Period  1000.00                   |
| Full Name (Last, First, Middle Initial)  Nat'l Assn of Insurance and Fir  Mailing Address 2901 Telestar Ct  City Falls Church  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2014  Primary General  Other (specify)       | State VA  C Co | Zip Code<br>22042-<br>00005249  | Date of Receipt  M M M / 30 / 2014  Transaction ID : CN050314080806Na  Amount of Each Receipt this Period  2000.00                   |
| SUBTOTAL of Receipts This Page (optional)  |                |   | 4000.00  |

| SCHEDULE A   | (FEC Form | 3) |
|--------------|-----------|----|
| ITEMIZED REC | CEIPTS    |    |

FOR LINE NUMBER: **PAGE** 24 OF 37 Use separate schedule(s) (check only one) for each category of the X 11c 11a 11b 11d Detailed Summary Page 12 13a Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Bonamici for Congress** Full Name (Last, First, Middle Initial) Friends of Lew Frederick Date of Receipt Mailing Address 2208 NE 8th Av 27 2014 City State Zip Code Transaction ID: CN050314083158Fr OR 97212-Portland FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 100.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date Primary General 100.00 Other (specify) Full Name (Last, First, Middle Initial) American Medical Association Date of Receipt Mailing Address 25 Massachusetts Ave NW 30 2014 Suite 600 City State Zip Code Transaction ID: CN050314080021Am Washington DC 20001-FEC ID number of contributing C00000422 Amount of Each Receipt this Period С federal political committee. 2500.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) National Alliance of Forest Owners PAC Date of Receipt Mailing Address 122 C Street NW 2014 30 Suite 630 City State Zip Code Transaction ID: CN050614151947Na DC Washington 20001-FEC ID number of contributing С C00469080 Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date Primary General Other (specify) 2000.00 3600.00 SUBTOTAL of Receipts This Page (optional).....

## S

|         | CHEDULE A (FEC Form 3) EMIZED RECEIPTS                                    |                             | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 25 OF 37 (check only one)  11a 11b X 11c 11d 11d 12 13a 13b 14 15               |
|---------|---|-----------------------------|---|---|
|         |   |                             |   | person for the purpose of soliciting contributions tree to solicit contributions from such committee. |
|         | NAME OF COMMITTEE (In Full) Bonamici for Congress                         |                             |   |   |
|         | Full Name (Last, First, Middle Initial) Nat'l Emergency Medicine PAC (NEI |                             |   |   |
| A.      | Mailing Address PO Box 619911   | Date of Receipt  04 23 2014 |   |   |
|         | City  | State<br>TX                 | Zip Code<br>75261-  | Transaction ID : CN042714133437Na   |
|         | Dallas  FEC ID number of contributing federal political committee.        |                             | 0140061   | Amount of Each Receipt this Period  |
|         | Name of Employer  | Occupation                  | 1   | 1000.00   |
|         | Receipt For: 2014  Primary General Other (specify)                        | Election C                  | ycle-to-Date 3000.00  |   |
| —<br>В. | Full Name (Last, First, Middle Initial) ActBlue                           |                             |   | Date of Receipt   |
| ٠.      | Mailing Address 14 Arrow St   | 04                          |   |   |
|         | City<br>Cambridge   | State<br>MA                 | Zip Code<br>02138-  | Transaction ID : CN042714131551Ac   |
|         | FEC ID number of contributing federal political committee.                | C cod                       | 0401224   | Amount of Each Receipt this Period  |
|         | Name of Employer  | Occupation                  | 1   | 204.22  |
|         | Receipt For: 2014 Primary General Other (specify)                         | Election C                  | ycle-to-Date 3201.23  | [MEMO ITEM] Conduit: 20 donors; PAC limit not affected  |
| _       | Full Name (Last, First, Middle Initial) ActBlue                           |                             |   | Date of Receipt   |
| C.      | Mailing Address 14 Arrow St   |                             |   | 04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|         | City Cambridge  | State<br>MA                 | Zip Code<br>02138-  | Transaction ID : CN050314091951Ac   |
|         | FEC ID number of contributing federal political committee.                | C co                        | 0401224   | Amount of Each Receipt this Period  |
|         | Name of Employer  | 248.99                      |   |   |
|         | Receipt For: 2014  Primary General Other (specify)                        | Election C                  | ycle-to-Date 3450.22  | [MEMO ITEM] conduit: 80 donors; PAC limit not affected  |
| s       | SUBTOTAL of Receipts This Page (optional)                                 |                             |   | 1000.00   |

|                          | FOR LINE NUMBER: | PAGE | 26 OF | 37 |  |  |  |  |  |
|--------------------------|------------------|------|-------|----|--|--|--|--|--|
| Use separate schedule(s) | (check only one) |      |       |    |  |  |  |  |  |
| for each category of the | 11a 11b X        | 11c  | 11d   |    |  |  |  |  |  |
| Detailed Summary Page    | 12 13a           | 13b  | 14    | 15 |  |  |  |  |  |
|                          |                  |      |       |    |  |  |  |  |  |

|    |   | Statements may not be sold or used by any pe e name and address of any political committee |   |
|----|---|--|---|
|    | NAME OF COMMITTEE (In Full) Bonamici for Congress                           |  |   |
| Α. | Full Name (Last, First, Middle Initial) ActBlue Mailing Address 14 Arrow St |  | Date of Receipt  04 20 2014                           |
|    | City Cambridge  | State Zip Code<br>MA 02138-  | Transaction ID: CN050314085040Ac                      |
|    | FEC ID number of contributing federal political committee.                  | C C00401224  | Amount of Each Receipt this Period                    |
|    | Name of Employer  | Occupation   | 10.00   |
|    | Receipt For: 2014  Primary General Other (specify)                          | Election Cycle-to-Date 3460.22   | [MEMO ITEM] Conduit: 1 donor; PAC limit not affected  |
| В. | Full Name (Last, First, Middle Initial) ActBlue                             |  | Date of Receipt                                       |
|    | Mailing Address 14 Arrow St   | 04 27 2014   |   |
|    | City Cambridge  | State Zip Code<br>MA 02138-  | Transaction ID : CN050314085124Ac                     |
|    | FEC ID number of contributing federal political committee.                  | C C00401224  | Amount of Each Receipt this Period                    |
|    | Name of Employer  | Occupation   | 75.00   |
|    | Receipt For: 2014  Primary General Other (specify)                          | Election Cycle-to-Date   | [MEMO ITEM] Conduit: 2 donors; PAC limit not affected |
| _  | Full Name (Last, First, Middle Initial)  Standard Insurance Company P       | AC   | Date of Receipt                                       |
| C. | Mailing Address PO Box 711  |  | 04 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y           |
|    | City<br>Portland  | State Zip Code<br>OR 97207-  | Transaction ID : CN050314080049St                     |
|    | FEC ID number of contributing federal political committee.                  | C C00193169  | Amount of Each Receipt this Period                    |
|    | Name of Employer  | Occupation   | 1000.00   |
|    | Receipt For: 2014  Primary General Other (specify)                          | Election Cycle-to-Date   |   |
| s  | SUBTOTAL of Receipts This Page (optional)                                   |  | 1000.00   |
| 1  | OTAL This Period (last page this line number                                | only)  |   |

FOR LINE NUMBER: **PAGE** 27 OF 37 Use separate schedule(s) (check only one) for each category of the X 11c 11a 11b 11d Detailed Summary Page 12 13a

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Bonamici for Congress** Full Name (Last, First, Middle Initial) International Paper PAC Date of Receipt Mailing Address 1101 Pennsylvania Ave NW #200 30 2014 City State Zip Code Transaction ID: CN050614151509In DC 20004-Washington FEC ID number of contributing Amount of Each Receipt this Period C00034405 federal political committee. 2500.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) JStreet PAC Date of Receipt Mailing Address PO Box 33106 30 2014 City State Zip Code Transaction ID: CN050614151925JS Washington DC 20033-FEC ID number of contributing C00441949 Amount of Each Receipt this Period С federal political committee. 1000.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date Primary General 3510.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 3500.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

19600.00

| lm                     | nage# 14960884151   |   |                              |                       |         |                    |             |                  |               |                     |           |                 |
|------------------------|---|---|------------------------------|-----------------------|---------|--------------------|-------------|------------------|---------------|---------------------|-----------|-----------------|
|                        | CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS   | Use separate sc<br>for each categor<br>Detailed Summa | y of the                     | FOR LI<br>(check      | only o  | one)               | 1           | 8<br>20b         |               | 28 (<br>19a<br>20c  |           | 37<br>19b<br>21 |
| Ar<br>or               | ny information copied from such Reports and Statements me for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full)  Bonamici for Congress | nay not be sold or<br>address of any pol              | used by any<br>itical commit | person f<br>tee to so | or the  | e purpo<br>ontribu | ose o       | of solic<br>from | iting<br>such | contrib             | oution    | ns<br>:.        |
| <u>^</u><br><b>\</b> . | Full Name (Last, First, Middle Initial)  Lauren E. Swanson  |   |                              |                       | ate of  | Disbu              | ırsem       |                  | Y = Y         | Y   Y               | Y         |                 |
|                        | Mailing Address 1611 SE Belmont St #206   |   |                              | L                     | 04      | J L                | 14          | J L              |               | 2014                |           |                 |
|                        | City State Portland OR  | Zip Code<br>97214-                                    |                              | Ar                    | nount   | of Ea              | ch Di       | isburse          | emen          | t this              | Perio     | d               |
|                        | Purpose of Disbursement<br>Reimbursements - cab fare  |   | 002                          | Tran                  | eacti   | ion ID             | · FY0       | )41414           | <b>0810</b>   | 150                 | .00       | _               |
|                        | Candidate Name  |   | Category<br>Type             |                       | isacti  | OII ID             | . LAU       | ,41414           | 0010          | Jaca                |           |                 |
|                        | Office Sought:  House Senate President  Disbursement For Primary Other (s   | General   |                              |                       |         |                    |             |                  |               |                     |           |                 |
| 3.                     | Full Name (Last, First, Middle Initial) American Express  Mailing Address PO Box 650448   |   |                              |                       | ate of  | Disbu              | irsem<br>06 | -                |               | y y<br>2014         | Υ         |                 |
|                        | City State Dallas TX  | Zip Code<br>75265-                                    |                              | Ar                    | nount   | of Ea              | ch Di       | isburse          | emen          | t this              | <br>Perio | d               |
|                        | Purpose of Disbursement<br>Credit card payment - See memo detail  | 73203-  | 001                          | Trar                  | nsacti  | ion ID             | : EX0       | 040514           | 0803          | 1843<br><b>47Am</b> | _         |                 |
|                        | Candidate Name  |   | Category<br>Type             | <u> </u>              |         |                    |             |                  |               |                     |           |                 |
|                        | Office Sought:  House Senate President  Disbursement For Primary Other (s   | General   |                              |                       |         |                    |             |                  |               |                     |           |                 |
| Э.                     | Full Name (Last, First, Middle Initial) Angerholzer Broz Consulting LLC   |   |                              |                       | ate of  | Disbu              | ırsem       |                  | Y " Y         | / Y                 | V         |                 |
|                        | Mailing Address 499 S Capitol St SW Suite 422   |   |                              |                       | 0.4     | ] [                | 14          | J L              |               | 2014                |           |                 |
|                        | •   | p Code<br>20003-                                      |                              | Ar                    | nount   | of Ea              | ch Di       | isburse          | emen          | t this              | Perio     | d               |
|                        | Purpose of Disbursement<br>Fundraising consulting   |   | 003                          | 7 [                   |         |                    |             |                  |               | 4480                | 0.06      |                 |
|                        | Candidate Name  |   | Category                     |                       | saction | on ID :            | EX0         | 414140           | 0807          | 52An                |           |                 |

Office Sought:

State:

House

Senate

District:

President

Disbursement For: 2014

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Primary Other (specify) General

6473.51

| SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 29 OF 37 (check only one)    X   17                       |
|---|---|---|
| Any information copied from such Reports and Statements or for commercial purposes, other than using the name and                 |   | any person for the purpose of soliciting contributions                          |
| NAME OF COMMITTEE (In Full)  Bonamici for Congress  |   |   |
| Full Name (Last, First, Middle Initial)  A. Angerholzer Broz Consulting LLC  Mailing Address 499 S Capitol St SW                  |   | Date of Disbursement  04 21 2014  |
| Suite 422  City State Washington DC  Purpose of Disbursement  | Zip Code<br>20003-  | Amount of Each Disbursement this Period 4078.49                                 |
| Fundraising consulting  Candidate Name  | 003<br>Catego<br>Typo   | Transaction ID: EX042114175145An  |
| State: District:  | or: 2014  |   |
| Full Name (Last, First, Middle Initial)  Authorize dot Net  Mailing Address 10800 NE 8th Street Suite 600                         |   | Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y               |
| City State Bellevue WA  | Zip Code<br>98004-  | Amount of Each Disbursement this Period   |
| Purpose of Disbursement credit card processing  Candidate Name  | 00°<br>Catego<br>Typo   | Transaction ID : EX040514061711Au   |
| Office Sought:  House  Senate  President  Disbursement F  Primar  Other   |   |   |
| State: District:  Full Name (Last, First, Middle Initial)  Automatic Data Processing (ADP)  Mailing Address 504 Clinton Center Dr |   | Date of Disbursement  M M M / D D / Y Y Y Y Y Y O4 O4 O4 O4 . 2014 .            |
| City State Clinton MS  Purpose of Disbursement Payroll production   | Zip Code<br>39056-  | Amount of Each Disbursement this Period 91.50  Transaction ID: EX040514061525Ad |
|   |   | ory/  |
| State: District:  |   | 4197.94   |

SUBTOTAL of Disbursements This Page (optional).....

| SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS   | Use separate sch<br>for each category<br>Detailed Summar | nedule(s)<br>y of the    | FOR LINE NUMBER: PAGE 30 OF 37 (check only one)    X   17           |
|---|--|--------------------------|---|
| Any information copied from such Reports and Statements or for commercial purposes, other than using the name an NAME OF COMMITTEE (In Full)  Bonamici for Congress |  |                          | person for the purpose of soliciting contributions                  |
| Full Name (Last, First, Middle Initial)  A. Automatic Data Processing (ADP)  Mailing Address 504 Clinton Center Dr  |  |                          | Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City State Clinton MS   | Zip Code<br>39056-                                       |                          | Amount of Each Disbursement this Period                             |
| Purpose of Disbursement Wages - see detail  Candidate Name  |  | 001<br>Category/<br>Type | 1507.55<br>Transaction ID : EX050314084755Au                        |
| Office Sought:    House   Disbursement  |  |                          |   |
| Full Name (Last, First, Middle Initial)  Automatic Data Processing (ADP)  Mailing Address 504 Clinton Center Dr   |  |                          | Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City State Clinton MS Purpose of Disbursement Wages - see detail  | Zip Code<br>39056-                                       | 001                      | Amount of Each Disbursement this Period 2673.41                     |
| Candidate Name  Office Sought: House Disbursement   | For: 2014  | Category/<br>Type        | Transaction ID : EX050314084732Au                                   |
| Senate President Othe State: District:  | ary General<br>r (specify)                               |                          |   |
| Full Name (Last, First, Middle Initial)  Cricket  Mailing Address and DWD   |  |                          | Date of Disbursement  |
| Mailing Address 621 SW Broadway  City State  Portland OR  Purpose of Disbursement   | Zip Code<br>97201-                                       |                          | Amount of Each Disbursement this Period                             |
| Telephone Candidate Name  |  | 001<br>Category/<br>Type | Transaction ID : EX040514061736Cr                                   |
| Office Sought:  House Senate President  State:  Disbursement Prima Othe   |  |                          |   |

SUBTOTAL of Disbursements This Page (optional).....

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**PAGE** 31 37 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Bonamici for Congress** Full Name (Last, First, Middle Initial) Date of Disbursement Democratic Party of Oregon 2014 Mailing Address 232 NE 9th Ave 14 City State Zip Code Amount of Each Disbursement this Period OR Portland 97232-Purpose of Disbursement 500.00 001 Transaction ID: EX041414080430De Candidate Name Category/ Democratic Party of Oregon Type Office Sought: House Disbursement For: 2014 Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Elephants on 22nd Date of Disbursement Mailing Address 115 NW 22nd Av 04 2014 11 City State Zip Code Amount of Each Disbursement this Period OR 97210-Portland 250.00 Purpose of Disbursement Catering 003 Transaction ID: EX042714134726EI Candidate Name Category/ Type Disbursement For: Office Sought: House 2014 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. First Bank Merchant Services Mailing Address PO Box 407066 04 03 2014 City State Zip Code Amount of Each Disbursement this Period Fort Lauderdale FL 33340-25.00 Purpose of Disbursement Merchant fee 001 Transaction ID : EX040514061650Fi Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House General Senate Primary President Other (specify) State: District: 775.00 SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

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|           | CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS                                |                                       | Use separate sch<br>for each category<br>Detailed Summar | nedule(s)<br>of the | FOR LINE NUMBER: PAGE 32 OF 37 (check only one)    X   17   |
|-----------|--|---------------------------------------|--|---------------------|---|
|           |  |                                       |  |                     | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| $\rangle$ | NAME OF COMMITTEE (In Full) Bonamici for Congress                          |                                       |  |                     |   |
| ۱.        | Full Name (Last, First, Middle Initial) Friends of Tobias Read             |                                       |  |                     | Date of Disbursement  |
|           | Mailing Address PO Box 42307   |                                       |  |                     | 04 14 2014  |
|           | City<br>Portland   | State<br>OR                           | Zip Code<br>97242-                                       |                     | Amount of Each Disbursement this Period   |
|           | Purpose of Disbursement office rent - March/April                          |                                       |  | 001                 | 400.00 Transaction ID : EX041414080855Fr  |
|           | Candidate Name   |                                       |  | Category/<br>Type   |   |
|           | Senate President   | sbursement For  Primary  Other (s     | General  |                     |   |
|           | State: District: Full Name (Last, First, Middle Initial)                   |                                       |  |                     | +   |
| 3.        | Google Apps  Mailing Address 1600 Amphitheatre Pkwy                        |                                       |  |                     | Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                               |
|           |  |                                       |  |                     | 20,11   |
|           | City   | State<br>CA                           | Zip Code   |                     | Amount of Each Disbursement this Period   |
|           | Mountain View Purpose of Disbursement                                      | CA                                    | 94043-   |                     | 35.00   |
|           | Google Apps  Candidate Name  |                                       |  | 001                 | Transaction ID : EX042714134900Go   |
|           |  |                                       |  | Category/<br>Type   |   |
|           | Senate President   | sbursement For<br>Primary<br>Other (s | General  |                     |   |
|           | State: District:  Full Name (Last, First, Middle Initial)                  |                                       |  |                     |   |
| ).        | Mandate Media  |                                       |  |                     | Date of Disbursement  |
|           | Mailing Address 1801 NE Multnomah St                                       |                                       |  |                     | 04 / D D / Y Y Y Y Y Y Z2 2014  |
|           | City   |                                       | p Code   |                     | Amount of Each Disbursement this Period   |
|           | Portland  Purpose of Disbursement social media consulting and web services | OR 9                                  | 7232-  | 004                 | 4195.00   |
|           | Candidate Name   |                                       |  | Category/<br>Type   | Transaction ID: EX042314114709Ma  |
|           | Senate<br>President  | sbursement For<br>Primary<br>Other (s | General  | •                   |   |
|           | State: District:   |                                       |  |                     |   |
|           |  |                                       |  |                     | 4630.00   |

SUBTOTAL of Disbursements This Page (optional).....

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|    | CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS  |   | Use separate sch<br>for each category<br>Detailed Summar | nedule(s) of the                         | FOR LINE NUMBER: PAGE 33 OF 37 (check only one)    X   17   |
|    |  |   |  |  | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full) Bonamici for Congress  |   |  |  |   |
| Α. | Full Name (Last, First, Middle Initial)  National Democratic Club                              |   |  |  | Date of Disbursement  |
|    | Mailing Address 30 Ivy Street SE   |   |  |  | 04 19 2014  |
|    | City<br>Washington   | State<br>DC                             | Zip Code<br>20003-                                       |  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement<br>Banquet Invoice Booking #006369                                     |   |  | 007                                      | 601.60  Transaction ID : EX041914073800Na   |
|    | Candidate Name   |   |  | Category/<br>Type                        |   |
|    | Office Sought:  House Senate President  State:  District:                                      | Disbursement For Primary Other (s       | General  |  |   |
| В. | Full Name (Last, First, Middle Initial) NGP/VAN Software  Mailing Address 1101 15th St #500 NW |   |  |  | Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                 |
|    | City<br>Washington   | State<br>DC                             | Zip Code<br>20005-                                       |  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Software subscription 00   |   |  |  | 1650.00  Transaction ID : EX042314115321NG  |
|    | Candidate Name   |   |  | Category/<br>Type                        |   |
|    | Office Sought:  House Senate President State: District:  | Disbursement For Primary Other (s       | General  |  |   |
| C. | Full Name (Last, First, Middle Initial) The Majority Group                                     |   |  |  | Date of Disbursement  |
|    | Mailing Address 19 D St SE   |   |  |  | 04 19 2014  |
|    | City<br>Washington   | Amount of Each Disbursement this Period |  |  |   |
|    | Purpose of Disbursement Space rental  Candidate Name  Category                                 |   |  | 400.00 Transaction ID : EX041914073446Th |   |
|    |  | Disbursement For                        | . 2014   | Category/<br>Type                        |   |
|    | Senate<br>President  | Primary Other (s                        | General  |  |   |
| Г  | State: District:   |   |  |  | 2054.00   |

SUBTOTAL of Disbursements This Page (optional).....

**PAGE** 34 37 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Bonamici for Congress** Full Name (Last, First, Middle Initial) Date of Disbursement Verizon Wireless 2014 Mailing Address PO Box 660108 City State Zip Code Amount of Each Disbursement this Period TX Dallas 75266-0108 Purpose of Disbursement 185.90 Cellular phone 001 Transaction ID: EX042714134643Ve Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) wufoo.com Date of Disbursement Mailing Address 285 Hamilton Ave 04 2014 City State Zip Code Amount of Each Disbursement this Period CA 94301-Palo Alto 14.95 Purpose of Disbursement subscription 001 Transaction ID: EX042714134658wu Candidate Name Category/ Type Disbursement For: Office Sought: 2014 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: 200.85 SUBTOTAL of Disbursements This Page (optional)..... 23140.86

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|--|-----|-----------------------|------------------------|-------------------|----------|-----------|---|
| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contrib or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee to solicit contributi |     |                       | -                      | -                 |          | nedule(s) |   |
| or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full)  Bonamici for Congress  Full Name (Last, First, Middle Initial)  A. John Edmondson  Mailing Address 1010 SW Tall Oaks Dr  City State Zip Code OR 97128-  Purpose of Disbursement Returned check  Candidate Name  Office Sought: House President Other (specify)  Bonamici for Congress  Full Name (Last, First, Middle Initial)  B. Date of Disbursement this Full Name (Last, First, Middle Initial)  B. Date of Disbursement this Full Name (Last, First, Middle Initial)  B. Date of Disbursement  Candidate Name  Office Sought: House Disbursement For: 2014  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Disbursement For: Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Disbursement For: Disbursement Use President Senate President Senate Primary General Primary General Disbursement This Full Name (Last, First, Middle Initial)  C. Mailing Address  City State Zip Code Amount of Each Disbursement this Full Name (Last, First, Middle Initial)  Amount of Each Disbursement This Full Name (Last, First, Middle Initial)  Amount of Each Disbursement This Full Name (Last, First, Middle Initial)  Amount of Each Disbursement This Full Name (Last, First, Middle Initial)  Amount of Each Disbursement This Full Name (Last, First, Middle Initial)  | ITE | EMIZED DIS            | BURSEMENT              | rs                |          |           |   |
| Bonamici for Congress  Full Name (Last, First, Middle Initial)  A. John Edmondson  Mailing Address 1010 SW Tall Oaks Dr  City State Zip Code OR 97128-  Purpose of Disbursement Returned check  City State District:  Full Name (Last, First, Middle Initial)  B. Mailing Address  City State Zip Code  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial)  B. Date of Disbursement Amount of Each Disbursement this Primary General President Candidate Name  Category/ Type  Date of Disbursement this Primary General President State: District:  Full Name (Last, First, Middle Initial)  C. Mailing Address  City State Zip Code  Mailing Address  City State Zip Code  Amount of Each Disbursement Date of Disbursement For:  State: District:  Full Name (Last, First, Middle Initial)  C. Mailing Address  City State Zip Code  Amount of Each Disbursement  Amount of Each Disbursement Labeled Date of Date of Disbursement Labeled Date of Date of Disbursement Labeled Date of Date of D |     |                       |                        |                   |          |           |   |
| Full Name (Last, First, Middle Initial)  A. John Edmondson  Mailing Address 1010 SW Tall Oaks Dr  City   |     | NAME OF COMM          | ITTEE (In Full)        |                   |          |           |   |
| A. John Edmondson  Mailing Address 1010 SW Tall Oaks Dr  City State Zip Code McMinnville OR 97128- Purpose of Disbursement Returned check Candidate Name  Office Sought: House Senate Primary General President State: District:  Full Name (Last, First, Middle Initial)  B. Mailing Address  City State Zip Code  Purpose of Disbursement Candidate Name  Office Sought: House Disbursement For: 2014  State: District:  Full Name (Last, First, Middle Initial)  B. Date of Disbursement  Category/ Type  Office Sought: House Disbursement For: State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Senate Primary General Other (specify)  Date of Disbursement this F  Date of Disbursement this F  Date of Disbursement this F  Date of Disbursement  Amount of Each Disbursement this F  Date of Disbursement  Amount of Each Disbursement this F  Date of Disbursement  Amount of Each Disbursement this F  Date of Disbursement  Amount of Each Disbursement this F  Date of Disbursement  Amount of Each Disbursement this F  Date of Disbursement this F  Date of Disbursement this F  |     | Bonamici for          | Congress               |                   |          |           |   |
| Mailing Address 1010 SW Tall Oaks Dr  City State Zip Code Purpose of Disbursement Candidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial)  B. Mailing Address  City State Zip Code  President State: Disbursement For: Senate Primary General |     |                       |                        |                   |          |           |   |
| Mailing Address 1010 SW Tall Oaks Dr  City   | A.  | John Edmor            | ndson                  |                   |          |           |   |
| McMinnville OR 97128- Purpose of Disbursement Returned check Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  B. Mailing Address  City State Zip Code  Amount of Each Disbursement this Primary General Cother (specify)  Senate Primary General Category/ Type  Office Sought: House State Zip Code  Amount of Each Disbursement this Primary General Cother (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. Mailing Address  City State Zip Code  Amount of Each Disbursement this Primary General Cother (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. Amount of Each Disbursement this Primary General Cother (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. Amount of Each Disbursement this Primary General Cother (specify)  Date of Disbursement  Amount of Each Disbursement this Primary General Cother (specify)  Date of Disbursement  Amount of Each Disbursement this Primary General Cother (specify)   |     | Mailing Address 1     | 010 SW Tall Oaks D     | r                 |          |           |   |
| Purpose of Disbursement Returned check Candidate Name  Office Sought: House Senate Primary General  Disbursement For: 2014  State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General  Disbursement  Category/Type  Office Sought: House Senate Primary General  Other (specify)  Date of Disbursement this P  Category/Type  Office Sought: House Senate Primary General  Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Amount of Each Disbursement  Date of Disbursement this P  Amount of Each Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  |     | •                     |                        |                   |          |           | Amount of Each Disbursement this Period |
| Returned check Candidate Name  Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Zip Code  Primary General  Date of Disbursement this F  Purpose of Disbursement  Candidate Name  Office Sought: House Primary General  Date of Disbursement this F  Purpose of Disbursement  Candidate Name  Office Sought: House Primary General  Primary General  District: Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Primary General  District: Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Amount of Each Disbursement  Date of Disbursement  Amount of Each Disbursement  Date of Disbursement  Amount of Each Disbursement this F  Purpose of Disbursement  |     |                       | sement                 | - OK              | 97128-   |           | 25.00                                   |
| Category/ Type  Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Zip Code  Primary General Other (specify)  Date of Disbursement  Candidate Name  Category/ Type  Office Sought: House Primary General Other (specify)  Office Sought: House Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Amount of Each Disbursement this F  Date of Disbursement this F  Date of Disbursement this F  Amount of Each Disbursement this F   |     |                       | Someric                |                   |          | 010       |   |
| Senate President Other (specify)  State: District: Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify)  Type  Office Sought: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Amount of Each Disbursement this F  Disbursement For:  Senate Primary General Other (specify)  Date of Disbursement this F  Date of Disbursement this F  Amount of Each Disbursement this F  Date of Disbursement  Amount of Each Disbursement Date of Dat |     | Candidate Name        |                        |                   |          |           |   |
| State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Zip Code  Amount of Each Disbursement this Purpose of Disbursement  Candidate Name  Candidate Name  Candidate Name  Disbursement For: Senate President President State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Amount of Each Disbursement this Purpose of Disbursement  Amount of Each Disbursement this Purpose of Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Amount of Each Disbursement this Purpose of Disbursement this Purpose of Disbursement  |     | Office Sought:        |                        |                   |          |           |   |
| State: District: Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Amount of Each Disbursement this P  Disbursement For: Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Amount of Each Disbursement this P  Purpose of Disbursement  |     |                       |                        |                   |          |           |   |
| Full Name (Last, First, Middle Initial)  B.  Mailing Address  City  State  Zip Code  Amount of Each Disbursement this P  Purpose of Disbursement  Candidate Name  Office Sought:  President  State:  District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  State  Zip Code  Amount of Each Disbursement this P  Disbursement For:  Senate  Primary  General  Other (specify)  Date of Disbursement  Amount of Each Disbursement this P  Date of Disbursement  Amount of Each Disbursement this P  |     | State:                |                        | Other (s          | pecity)  |           |   |
| Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Amount of Each Disbursement this P  Date of Disbursement this P  Amount of Each Disbursement this P  Amount of Each Disbursement this P   |     |                       |                        |                   |          |           |   |
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| City State Zip Code  Amount of Each Disbursement this P  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Amount of Each Disbursement this P  Purpose of Disbursement  |     |                       |                        |                   |          |           | M M / D D / Y Y Y                       |
| Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Amount of Each Disbursement this P  |     | Mailing Address       |                        |                   |          |           |   |
| Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Amount of Each Disbursement this P   |     | City                  |                        | State             | Zip Code |           | Amount of Each Disbursement this Period |
| Office Sought: House Disbursement For: Senate Primary General President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Amount of Each Disbursement this P   |     | Purpose of Disbur     | sement                 |                   |          |           |   |
| Office Sought: House Disbursement For: Senate Primary General President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Amount of Each Disbursement this P   |     | O and Palata Name     |                        |                   |          |           |   |
| Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Amount of Each Disbursement this P  Purpose of Disbursement  |     | Candidate Name        |                        |                   |          |           |   |
| President State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Amount of Each Disbursement this P   |     | Office Sought:        | House                  |                   |          | 7,        | 7                                       |
| State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Amount of Each Disbursement this Purpose of Disbursement   |     |                       | Senate                 |                   |          |           |   |
| Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Amount of Each Disbursement this Purpose of Disbursement   |     | Obstan                |                        | Other (s          | pecify)  |           |   |
| C.  Mailing Address  City State Zip Code  Amount of Each Disbursement this Purpose of Disbursement   |     |                       |                        |                   |          |           |   |
| Mailing Address  City State Zip Code Amount of Each Disbursement this P  Purpose of Disbursement   |     | ruii ivairie (Last, i | irst, wildaic iriital) |                   |          |           | Date of Disbursement                    |
| Mailing Address  City State Zip Code Amount of Each Disbursement this P  Purpose of Disbursement   | C.  |                       |                        |                   |          |           | M M / D D / Y Y Y                       |
| Purpose of Disbursement  |     | Mailing Address       |                        |                   |          |           |   |
|  |     | City                  |                        | State Zip         | o Code   |           | Amount of Each Disbursement this Period |
| Out I day Nove   |     | Purpose of Disbur     | sement                 |                   |          |           |   |
| Candidate Name  Category/ Type   |     | Candidate Name        |                        |                   |          |           |   |
| Office Sought: House Disbursement For:   |     | Office Sought:        | House                  | Disbursement For: |          | .,,,,     | _                                       |
| Senate Primary General   |     | -                     | Senate                 | Primary           | General  |           |   |
| President Other (specify)  |     |                       |                        | Other (s          | pecify)  |           |   |
| State: District:   | _   | State:                | District:              |                   |          |           | <u> </u>                                |

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

25.00

25.00

| SCHEDULE B (FEC Form 3)   | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 36 OF 37 (check only one) |  |  |  |  |
|---|---|---|--|--|--|--|
| TEMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page | 17 18 19a 19b<br>20a 20b 20c X 21               |  |  |  |  |
| Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and |   |   |  |  |  |  |
| NAME OF COMMITTEE (In Full)  Bonamici for Congress  |   |   |  |  |  |  |
| Full Name (Last, First, Middle Initial)  A. Oregon League of Conservation Voters                                    |   | Date of Disbursement                            |  |  |  |  |
| Mailing Address 133 SW 2nd Ave., Ste. 200   |   | 04 19 2014                                      |  |  |  |  |
| City State Portland OR  | Zip Code<br>97204-                                | Amount of Each Disbursement this Period         |  |  |  |  |
| Purpose of Disbursement<br>Event tickets  | 012   | 350.00<br>Transaction ID : EX041914073603Or     |  |  |  |  |
| Candidate Name  | Category<br>Type                                  |   |  |  |  |  |
| Office Sought:  House Senate President  Disbursement For Primary Other (s   | General   |   |  |  |  |  |
| State: District: Full Name (Last, First, Middle Initial)  |   |   |  |  |  |  |
| 3.  |   | Date of Disbursement                            |  |  |  |  |
| Mailing Address   |   | M M / D D / Y Y Y                               |  |  |  |  |
| City State  | Zip Code  | Amount of Each Disbursement this Period         |  |  |  |  |
| Purpose of Disbursement   |   |   |  |  |  |  |
| Candidate Name  | Category<br>Type                                  |   |  |  |  |  |
| Office Sought:  House Senate President  State:  Disbursement For Primary Other (s                                   | General   |   |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |   |  |  |  |  |
| O   |   | Date of Disbursement                            |  |  |  |  |
| Mailing Address   |   |   |  |  |  |  |
|   | p Code  | Amount of Each Disbursement this Period         |  |  |  |  |
| Purpose of Disbursement   |   |   |  |  |  |  |
| Candidate Name  | Category<br>Type                                  |   |  |  |  |  |
| Office Sought:  House Senate President  Disbursement For Primary Other (s   | General   |   |  |  |  |  |
| State: District:  |   |   |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |   | 350.00  |  |  |  |  |

TOTAL This Period (last page this line number only).....

350.00

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 37

|  | 13a |
|--|-----|
|  | 13b |

37

| DANS  |                   |                          | Detailed Summary Pag                 |   |
|---|-------------------|--------------------------|--------------------------------------|---|
| AME OF COMMITTEE (In Full)  |                   |                          | Transac                              | ction ID : DBDbt10031109544607          |
| Bonamici for Congress   |                   |                          |                                      | 1                                       |
| LOAN SOURCE Full Name (La Suzanne Bonamici                          | st, First, Middle | e Initial)               | [PERSONAL FUNDS]                     | Election: 2011 Primary General          |
| Mailing Address<br>PO Box 1632                                      |                   |                          |                                      | Other (specify)                         |
| City  | St                | tate ZIP Co              | de                                   |   |
| Beaverton   |                   | OR 97075-                |                                      |   |
| Original Amount of Loan   | (                 | Cumulative Payment To    | Date Bala                            | ance Outstanding at Close of This Perio |
| 200   | 000.00            |                          | 0.00                                 | 200000.00                               |
| Date Incurred   | 11 Y              | Date Due                 | Interest Rate                        |   |
| List All Endorsers or Guaranto                                      | re (if any) to I  | oan Source               |                                      | Yes No                                  |
| Full Name (Last, First, Middle       Full Name (Last, First, Middle |                   | Loan Source              | Name of Employer                     |   |
| Mailing Address   |                   |                          | Occupation                           |   |
| City  | State             | ZIP Code                 | Amount Guaranteed Outstanding:       | 7                                       |
| 2. Full Name (Last, First, Middle                                   | Initial)          |                          | Name of Employer                     |   |
| Mailing Address   |                   |                          | Occupation                           |   |
| City  | State             | ZIP Code                 | Amount<br>Guaranteed<br>Outstanding: | 7                                       |
| 3. Full Name (Last, First, Middle                                   | Initial)          |                          | Name of Employer                     |   |
| Mailing Address   |                   |                          | Occupation                           |   |
| City  | State             | ZIP Code                 | Amount Guaranteed Outstanding:       | 7                                       |
| 4. Full Name (Last, First, Middle                                   | nitial)           |                          | Name of Employer                     |   |
| Mailing Address   |                   |                          | Occupation                           |   |
| City  | State             | ZIP Code                 | Amount<br>Guaranteed<br>Outstanding: | 7                                       |
| SUBTOTALS This Period This Pag                                      | e (optional)      |                          |                                      | 200000.00                               |
| FOTALS This Period (last page in                                    | this line only)   |                          |                                      | 200000.00                               |
| Carry outstanding balance only to                                   | LINE 3. Sched     | ule D. for this line. If | no Schedule D. carry for             | ward to appropriate line of Summary.    |