

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Walden for Congress

ADDRESS (number and street)

PO Box 1091

Check if different than previously reported. (ACC)

Hood River

OR

97031-0037

2. FEC IDENTIFICATION NUMBER ▼

C C00333427

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

OR

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM / DD / YYYY  
11 / 04 / 2014

DD / YYYY

YYYY

in the State of

OR

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

DD / YYYY

YYYY

in the State of

5. Covering Period

MM / DD / YYYY  
10 / 01 / 2014

DD / YYYY

YYYY

through

MM / DD / YYYY  
10 / 15 / 2014

DD / YYYY

YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Marta Simons

Signature of Treasurer Marta Simons

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 23 / 2014

DD / YYYY

YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Walden for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	102236	3295790.2
(b) Total Contribution Refunds (from Line 20(d)) .....	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	102236	3295790.2
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	181965.51	2730621.37
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	25799.67
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	181965.51	2704821.7
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1141983.11	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

**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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Walden for Congress**

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	51366	1097984.01
(ii) Unitemized.....	11370	263453.63
(iii) TOTAL of contributions from individuals ▶	62736	1361437.64
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	39500	1934352.56
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	102236	3295790.2
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0	25799.67
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0	1923.71
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	102236	3323513.58

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	181965.51	2730621.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS .....	24000	437420
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	205965.51	3168041.37

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1245712.62
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	102236
25. SUBTOTAL (add Line 23 and Line 24).....	1347948.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	205965.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1141983.11

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David P. Allison**

Mailing Address **PO Box 832**

City **Crane** State **OR** Zip Code **97732-0832**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Farmer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **285**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 01 / 2014**

**Transaction ID : A-CF44695**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Hawkin Au**

Mailing Address **PO Box 2775**

City **Tualatin** State **OR** Zip Code **97062-2775**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Beauport Enterprises** Occupation **Property Manager**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 01 / 2014**

**Transaction ID : A-CF44703**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Robert N. Cargill**

Mailing Address **71709 Turnout Road**

City **Burns** State **OR** Zip Code **97720-9342**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Rancher**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **330**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 01 / 2014**

**Transaction ID : A-CF44692**

Amount of Each Receipt this Period  
**100**

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

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

**300.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Louis A. Carlson**

Mailing Address **PO Box 594**

City **Heppler** State **OR** Zip Code **97836-0594**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Retired Farmer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 01 / 2014**

**Transaction ID : A-CF45113**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Steve Carson**

Mailing Address **13967 Hill Road**

City **Klamath Falls** State **OR** Zip Code **97603-9759**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Bearcat Corp.** Occupation **Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 01 / 2014**

**Transaction ID : A-CF45117**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Nancy B. Coffin**

Mailing Address **16667 Hill Road**

City **Klamath Falls** State **OR** Zip Code **97603-8819**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 01 / 2014**

**Transaction ID : A-CF44707**

Amount of Each Receipt this Period  
**50**

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

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

**400.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Fred D. Duckwall**

Mailing Address 2600 Blossom Hill Drive

City: Hood River State: OR Zip Code: 97031-9516

FEC ID number of contributing federal political committee: **C**

Name of Employer: Duckwall-Pooley Fruit Co. Occupation: Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **600**

Date of Receipt: 10 / 01 / 2014

**Transaction ID : A-CF45114**

Amount of Each Receipt this Period: **100**

**B.** Full Name (Last, First, Middle Initial)  
**Norma S. Harper**

Mailing Address 61143 Riverbluff Trail

City: Bend State: OR Zip Code: 97702-1991

FEC ID number of contributing federal political committee: **C**

Name of Employer: None Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **250**

Date of Receipt: 10 / 01 / 2014

**Transaction ID : A-CF44694**

Amount of Each Receipt this Period: **50**

**C.** Full Name (Last, First, Middle Initial)  
**Thomas W. Haumont**

Mailing Address PO Box 2373

City: Nyssa State: OR Zip Code: 97913-0373

FEC ID number of contributing federal political committee: **C**

Name of Employer: None Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **650**

Date of Receipt: 10 / 01 / 2014

**Transaction ID : A-CF44651**

Amount of Each Receipt this Period: **150**

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

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

**300.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Iris E. Hay**

Mailing Address **PO Box 147**

City **Hood River** State **OR** Zip Code **97031-0054**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 01 / 2014**

**Transaction ID : A-CF44705**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Vernon Kelly**

Mailing Address **15850 NW Central Drive  
Unit 113**

City **Portland** State **OR** Zip Code **97229-1180**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 01 / 2014**

**Transaction ID : A-CF44685**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**James P. Lavelle**

Mailing Address **3405 SE Harvey Street  
Apt. 13**

City **Milwaukie** State **OR** Zip Code **97222-6565**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 01 / 2014**

**Transaction ID : A-CF45124**

Amount of Each Receipt this Period  
**50**

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

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

**200.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Connel R. Petterson**

Mailing Address 652 Gem Avenue

City Nyssa State OR Zip Code 97913-5034

FEC ID number of contributing federal political committee. **C**

Name of Employer Nyssa Schools Occupation Transportation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : A-CF44710**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Dennis M. Powers**

Mailing Address 521 Thornton Way

City Ashland State OR Zip Code 97520-1529

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired Professor/Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : A-CF44680**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Walter H Rietz**

Mailing Address 32200 SW French Prairie Road  
Apt. D111

City Wilsonville State OR Zip Code 97070-7471

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : A-CF44708**

Amount of Each Receipt this Period  
**50**

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

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

**600.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 86  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard G Bennett**

Mailing Address 1694 E Hayden Avenue

City Hayden Lake State ID Zip Code 83835-9524

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired Forest Products

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : A-CF44654**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Robert H. Hutchins**

Mailing Address 741 N Phoenix Road

City Medford State OR Zip Code 97504-9337

FEC ID number of contributing federal political committee. **C**

Name of Employer D.A. Davidson Occupation Financial Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : A-CF44664**

Amount of Each Receipt this Period  
 500

**C.** Full Name (Last, First, Middle Initial)  
**Judith D. Jackson**

Mailing Address 1720 NE 6th Street

City Redmond State OR Zip Code 97756-8587

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **415**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : A-CF44668**

Amount of Each Receipt this Period  
 100

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

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

700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Maura J. Kehr**

Mailing Address 510 H Avenue

City State Zip Code  
La Grande OR 97850-1235

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : A-CF44670**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Eleanor E. Lynch**

Mailing Address PO Box 351

City State Zip Code  
Lakeview OR 97630-0123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : A-CF44659**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Eleanor E. Lynch**

Mailing Address PO Box 351

City State Zip Code  
Lakeview OR 97630-0123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : A-CF44660**

Amount of Each Receipt this Period  
**150**

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

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

**350.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ralph S. Santoro**

Mailing Address 4220 Summers Lane

City: Klamath Falls State: OR Zip Code: 97603-7955

FEC ID number of contributing federal political committee: **C**

Name of Employer: None Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **255**

Date of Receipt: 10 / 02 / 2014

**Transaction ID : A-CF44655**

Amount of Each Receipt this Period: **100**

**B.** Full Name (Last, First, Middle Initial)  
**Herbert Sutton**

Mailing Address PO Box 3216

City: Central Point State: OR Zip Code: 97502-0008

FEC ID number of contributing federal political committee: **C**

Name of Employer: None Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **510**

Date of Receipt: 10 / 02 / 2014

**Transaction ID : A-CF45126**

Amount of Each Receipt this Period: **500**

**C.** Full Name (Last, First, Middle Initial)  
**Larry J. Tuttle**

Mailing Address PO Box 955

City: Ontario State: OR Zip Code: 97914-0955

FEC ID number of contributing federal political committee: **C**

Name of Employer: None Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **300**

Date of Receipt: 10 / 02 / 2014

**Transaction ID : A-CF44669**

Amount of Each Receipt this Period: **100**

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

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

**700.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 13 OF 86

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Unger**

Mailing Address 5051 E Perry Parkway

City Greenwood Village State CO Zip Code 80121-3909

FEC ID number of contributing federal political committee. **C**

Name of Employer Platt River Capital Occupation Financial Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 02 / 2014**

**Transaction ID : A-CF44715**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Frank M. Warren Jr.**

Mailing Address 2310 N Kerby Avenue

City Portland State OR Zip Code 97227-1810

FEC ID number of contributing federal political committee. **C**

Name of Employer Warren Pacific Corp Occupation Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 02 / 2014**

**Transaction ID : A-CF44677**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**David C White**

Mailing Address 1103 NW Foxwood

City Bend State OR Zip Code 97701-8606

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **260**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 02 / 2014**

**Transaction ID : A-CF44667**

Amount of Each Receipt this Period  
**75**

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

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

**625.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Agua Caliente Band Of Cahuilla Indians**

Mailing Address 607 14th Street NW

City Washington	State DC	Zip Code 20005-2000
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : A-CF44906**

Amount of Each Receipt this Period  
2600

**B.** Full Name (Last, First, Middle Initial)  
**Seneca Nation of Indians**

Mailing Address PO Box 231

City Salamanca	State NY	Zip Code 14779-0231
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : A-CF44907**

Amount of Each Receipt this Period  
2500

**C.** Full Name (Last, First, Middle Initial)  
**Gregory Q. Brown**

Mailing Address 93 Hawley Woods Road

City Barrington	State IL	Zip Code 60010-5136
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorola Solutions	Occupation CEO & Chairman
--	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : A-CF44899**

Amount of Each Receipt this Period  
2600

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

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

7700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kevin Flanigan**

Mailing Address 11836 SW Breyman Avenue

City Portland State OR Zip Code 97219-8411

FEC ID number of contributing federal political committee. **C**

Name of Employer Inland Sea Maritime Group Occupation Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : A-CF44803**

Amount of Each Receipt this Period  
 2000

**B.** Full Name (Last, First, Middle Initial)  
**Mary Lou Fletcher**

Mailing Address 2203 SW Ladow Avenue

City Pendleton State OR Zip Code 97801-4445

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : A-CF44828**

Amount of Each Receipt this Period  
 100

**C.** Full Name (Last, First, Middle Initial)  
**Leslie Hufford**

Mailing Address PO Box 99

City Fort Rock State OR Zip Code 97735-0099

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : A-CF44813**

Amount of Each Receipt this Period  
 250

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

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

2350.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Susan Mathistad**

Mailing Address 3361 Bellinger Lane

City Medford State OR Zip Code 97501-9573

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Cabinet Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : A-CF44832**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Craig W. Moore**

Mailing Address 2806 NW Nightfall Circle

City Bend State OR Zip Code 97701-5436

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired Beverage distributor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : A-CF44817**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Shirley N. Pape**

Mailing Address 3550 SW Bond Avenue  
Unit 2501

City Portland State OR Zip Code 97239-4728

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : A-CF44822**

Amount of Each Receipt this Period  
**2500**

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

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

**3550.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lois A. Root</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 03 / 2014
Mailing Address 1111 Root Road		<b>Transaction ID : A-CF44809</b>
City Mosier	State OR	Zip Code 97040-9776
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200	
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300	

Full Name (Last, First, Middle Initial) <b>B. Catherine Stone</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 03 / 2014
Mailing Address PO Box 610		<b>Transaction ID : A-CF44811</b>
City The Dalles	State OR	Zip Code 97058-0610
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200	
Name of Employer Bob Stone Auto Center	Occupation Co-owner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600	

Full Name (Last, First, Middle Initial) <b>C. Paul Tesar</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 03 / 2014
Mailing Address PO Box 21		<b>Transaction ID : A-CF44806</b>
City Columbia City	State OR	Zip Code 97018-0021
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200	
Name of Employer Self	Occupation Physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1700	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Claren Nilsson**

Mailing Address **PO Box 933**

City **Merrill** State **OR** Zip Code **97633-0933**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Lost River Fire Management** Occupation **Wildland Fire/Forestry**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2350**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 05 / 2014**

**Transaction ID : A-CF45128**

Amount of Each Receipt this Period  
**750**

**B.** Full Name (Last, First, Middle Initial)  
**Stephen M. Bailey**

Mailing Address **16740 SW Pinot Place**

City **Hillsboro** State **OR** Zip Code **97123-9152**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Vineyard Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : A-CF44987**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Alan J. Bell**

Mailing Address **PO Box 102**

City **Odell** State **OR** Zip Code **97044-0102**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : A-CF44770**

Amount of Each Receipt this Period  
**100**

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

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

**1350.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 86  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Coleen Garrabrant**

Mailing Address 16035 SW King Charles Avenue

City State Zip Code  
King City OR 97224-2440

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2014			

**Transaction ID : A-CF44789**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Patricia Hampton**

Mailing Address PO Box K

City State Zip Code  
La Grande OR 97850-0348

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rogers Asphalt Paving Co Bookkeeper

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2014			

**Transaction ID : A-CF44773**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Leah R Lathrop**

Mailing Address 922 Lostine River Road

City State Zip Code  
Lostine OR 97857-6443

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired Rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2014			

**Transaction ID : A-CF44760**

Amount of Each Receipt this Period  
**150**

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

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

**250.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nancy Lematta**

Mailing Address 800 NE Tenney Road  
Suite 110 PMB 103

City Vancouver State WA Zip Code 98685-2899

FEC ID number of contributing federal political committee. **C**

Name of Employer Columbia Helicopters, Inc. Occupation COB

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : A-CF44800**

Amount of Each Receipt this Period  
**-400**  
 refund excessive contribution received 10/6/14

**B.** Full Name (Last, First, Middle Initial)  
**Nancy Lematta**

Mailing Address 800 NE Tenney Road  
Suite 110 PMB 103

City Vancouver State WA Zip Code 98685-2899

FEC ID number of contributing federal political committee. **C**

Name of Employer Columbia Helicopters, Inc. Occupation COB

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : A-CF44801**

Amount of Each Receipt this Period  
**1500**

**C.** Full Name (Last, First, Middle Initial)  
**Betty Lou Norris**

Mailing Address 12694 White Coral Drive

City Wellington State FL Zip Code 33414-8090

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : A-CF44767**

Amount of Each Receipt this Period  
**100**

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

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

**1200.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kathryn M. Thorne**

Mailing Address 67179 Little Butter Creek Road

City Hoppner State OR Zip Code 97836-7266

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : A-CF44771**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Bayard Walters**

Mailing Address 109 Savoy Circle

City Nashville State TN Zip Code 37205-5013

FEC ID number of contributing federal political committee. **C**

Name of Employer The Cromwell Group Occupation Broadcasting

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1195**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : A-CF45039**

Amount of Each Receipt this Period  
 500

Earmarked through NAB PAC. Conduit received 10/1/2014

**C.** Full Name (Last, First, Middle Initial)  
**NAB PAC**

Mailing Address 1771 N Street NW

City Washington State DC Zip Code 20036-2800

FEC ID number of contributing federal political committee. **C C00009985**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **38050**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : A-CF45039.e**

Amount of Each Receipt this Period  
 500

**[MEMO ITEM]**  
 Earmarked-Original Details. Total Earmarked via this conduit: \$38,050.00. PAC limit not affected.

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

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

600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Wes Herald**

Mailing Address **PO Box 815**

City **Pilot Rock** State **OR** Zip Code **97868-0815**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 07 / 2014**

**Transaction ID : A-CF44904**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Sean O'Hollaren**

Mailing Address **5050 SW Hilltop Lane**

City **Portland** State **OR** Zip Code **97221-2304**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Nike** Occupation **Government Relations**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 07 / 2014**

**Transaction ID : A-CF45130**

Amount of Each Receipt this Period  
**-400**  
 refund excessive contribution received 10/7/2014

**C.** Full Name (Last, First, Middle Initial)  
**Sean O'Hollaren**

Mailing Address **5050 SW Hilltop Lane**

City **Portland** State **OR** Zip Code **97221-2304**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Nike** Occupation **Government Relations**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 07 / 2014**

**Transaction ID : A-CF45131**

Amount of Each Receipt this Period  
**1000**

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

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

**700.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joyce Taylor**

Mailing Address 61425 Brosterhous Road

City Bend State OR Zip Code 97702-9765

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **230**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : A-CF44902**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Ann S. Aines**

Mailing Address 6583 S Glencoe Street

City Centennial State CO Zip Code 80121-3575

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 08 / 2014

**Transaction ID : A-CF45014**

Amount of Each Receipt this Period  
 100

**C.** Full Name (Last, First, Middle Initial)  
**Edward G. Hegele**

Mailing Address 10201 W 1st Street

City La Grande State OR Zip Code 97850-8411

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 08 / 2014

**Transaction ID : A-CF45009**

Amount of Each Receipt this Period  
 50

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

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

250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Delna L Jones**

Mailing Address 39692 Camino Templado

City State Zip Code  
Indio CA 92203-3711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 08 / 2014

**Transaction ID : A-CF45145**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Karen Liskey**

Mailing Address 4770 Township Road

City State Zip Code  
Klamath Falls OR 97603-9103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**505**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 08 / 2014

**Transaction ID : A-CF45013**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Marjorie Routson**

Mailing Address 8620 Cooper Spur Road

City State Zip Code  
Mount Hood Parkdale OR 97041-7725

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Orchardist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 08 / 2014

**Transaction ID : A-CF45019**

Amount of Each Receipt this Period  
**100**

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

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

**700.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Grace G. Sweek**

Mailing Address 2845 Hughes Lane  
Unit 1

City Baker City State OR Zip Code 97814-9741

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2014

**Transaction ID : A-CF45007**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Bonnie Turner**

Mailing Address 18625 Drazil Road

City Malin State OR Zip Code 97632-9713

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2014

**Transaction ID : A-CF45015**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Daggett Properties LLC**

Mailing Address PO Box D

City Enterprise State OR Zip Code 97828-0169

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : A-CF45036**

Amount of Each Receipt this Period  
**500**

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

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

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

**650.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sandra Daggett**

Mailing Address PO Box D

City Enterprise State OR Zip Code 97828-0169

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : A-PIP581**

Amount of Each Receipt this Period  
 250

**[MEMO ITEM]**  
Partnership Itemization Memo

**B.** Full Name (Last, First, Middle Initial)  
**Wil Daggett**

Mailing Address PO Box D

City Enterprise State OR Zip Code 97828-0169

FEC ID number of contributing federal political committee. **C**

Name of Employer Daggett Properties Occupation Member

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : A-PIP582**

Amount of Each Receipt this Period  
 250

**[MEMO ITEM]**  
Partnership Itemization Memo

**C.** Full Name (Last, First, Middle Initial)  
**Lori Armstrong**

Mailing Address 20450 NW Amberwood Drive Suite 120

City Beaverton State OR Zip Code 97006-6979

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Restaurant Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : A-CF45147**

Amount of Each Receipt this Period  
 250

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

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

250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Eileen Ashpole**

Mailing Address 290 Harvard Place

City Medford State OR Zip Code 97504-9727

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **220**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : A-CF45032**

Amount of Each Receipt this Period  
 50

**B.** Full Name (Last, First, Middle Initial)  
**Roseline Griffith**

Mailing Address PO Box 298

City Prospect State OR Zip Code 97536-0298

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Rentals

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : A-CF45031**

Amount of Each Receipt this Period  
 100

**C.** Full Name (Last, First, Middle Initial)  
**Leigh T. Johnson**

Mailing Address 3820 Hillcrest Road

City Medford State OR Zip Code 97504-9322

FEC ID number of contributing federal political committee. **C**

Name of Employer People's Bank Occupation Govt Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1085.9**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : A-CF45033**

Amount of Each Receipt this Period  
 100

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

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

250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lucretia S. Johnson**

Mailing Address 77583 W Highway 82

City Wallowa State OR Zip Code 97885-8134

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : A-CF45026**

Amount of Each Receipt this Period  
 500

**B.** Full Name (Last, First, Middle Initial)  
**Herbert A. Lacock**

Mailing Address 3540 Three Mile Road

City The Dalles State OR Zip Code 97058-8565

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : A-CF45028**

Amount of Each Receipt this Period  
 50

**C.** Full Name (Last, First, Middle Initial)  
**Karen Mielke**

Mailing Address 3926 Fairview Drive

City Hood River State OR Zip Code 97031-9785

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : A-CF45027**

Amount of Each Receipt this Period  
 100

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

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

650.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Allen E. Moore**

Mailing Address 2399 Lacey Road

City Hood River State OR Zip Code 97031-9521

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1125**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : A-CF45037**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Molly E O'Keefe**

Mailing Address 1530 Pacific Terrace

City Klamath Falls State OR Zip Code 97601-1837

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **230**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : A-CF45030**

Amount of Each Receipt this Period  
 25

**C.** Full Name (Last, First, Middle Initial)  
**Chester Prior**

Mailing Address 32327 Oregon Trail Road

City Echo State OR Zip Code 97826

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2520**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : A-CF45034**

Amount of Each Receipt this Period  
 500

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

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

625.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Schock**

Mailing Address 670 Parsons Road

City Hood River State OR Zip Code 97031-8792

FEC ID number of contributing federal political committee. **C**

Name of Employer Morgan Stanley Occupation Financial Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : A-CF45148**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Richard C. Smalley**

Mailing Address 1865 Bristol Drive

City Medford State OR Zip Code 97504-2100

FEC ID number of contributing federal political committee. **C**

Name of Employer North Coast Electric Occupation Electrical Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : A-CF45001**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Charlene Weichman**

Mailing Address PO Box 5939

City Bend State OR Zip Code 97708-5939

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Housewife

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : A-CF45029**

Amount of Each Receipt this Period  
**250**

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

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

**550.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 86  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Pechanga Band Of Luiseno Indians**

Mailing Address **PO Box 1477**

City **Temecula** State **CA** Zip Code **92593-1477**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**10 / 10 / 2014**

**Transaction ID : A-CF45189**

Amount of Each Receipt this Period  
**2600**

**B.** Full Name (Last, First, Middle Initial)  
**Kurt Austermann**

Mailing Address **862 Nadia Way**

City **Medford** State **OR** Zip Code **97504-9634**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**None Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **360**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**10 / 10 / 2014**

**Transaction ID : A-CF45041**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Michael K. Blackaby**

Mailing Address **PO Box 280**

City **Ontario** State **OR** Zip Code **97914-0280**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**Blackaby Insurance Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **315**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**10 / 10 / 2014**

**Transaction ID : A-CF45202**

Amount of Each Receipt this Period  
**100**

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

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

**2800.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Lechleiter**

Mailing Address 1 N Illinois Street  
Apt. 2302

City Indianapolis State IN Zip Code 46204-1935

FEC ID number of contributing federal political committee. **C**

Name of Employer Eli Lilly Occupation Chariman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : A-CF45188**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**David Nygaard**

Mailing Address 201 W Irving Avenue

City Astoria State OR Zip Code 97103-6419

FEC ID number of contributing federal political committee. **C**

Name of Employer Warrenton Fiber Occupation Logger

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : A-CF45150**

Amount of Each Receipt this Period  
 2600

**C.** Full Name (Last, First, Middle Initial)  
**Robert R. Schultens**

Mailing Address 2637 E 10th Street

City The Dalles State OR Zip Code 97058

FEC ID number of contributing federal political committee. **C**

Name of Employer Ray Schultens Motors Occupation Auto Dealer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : A-CF45201**

Amount of Each Receipt this Period  
 250

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

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

3850.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gayle A. Wolfe**

Mailing Address 11871 Highway 66

City Ashland State OR Zip Code 97520-9418

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **260**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : A-CF45042**

Amount of Each Receipt this Period  
 10

**B.** Full Name (Last, First, Middle Initial)  
**Sherri Hironaka**

Mailing Address 1015 SW 1st Avenue

City Ontario State OR Zip Code 97914-2114

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired Educator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2014

**Transaction ID : A-CF45152**

Amount of Each Receipt this Period  
 50

**C.** Full Name (Last, First, Middle Initial)  
**Helen Baker**

Mailing Address 1801 NE Lotus Drive  
Apt. S216

City Bend State OR Zip Code 97701-5334

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45391**

Amount of Each Receipt this Period  
 50

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

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

110.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Clyde W. Browning**

Mailing Address 18160 Cottonwood Road  
Unit 396

City Sunriver State OR Zip Code 97707-9317

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Real Estate Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **231**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45238**

Amount of Each Receipt this Period  
**6**

**B.** Full Name (Last, First, Middle Initial)  
**Clyde W. Browning**

Mailing Address 18160 Cottonwood Road  
Unit 396

City Sunriver State OR Zip Code 97707-9317

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Real Estate Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **231**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45402**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Neil R. Bryant**

Mailing Address 2072 NW Glassow Drive

City Bend State OR Zip Code 97701-5642

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **355**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45232**

Amount of Each Receipt this Period  
**5**

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

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

**61.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paul H. Dudley Jr.**

Mailing Address 60230 Tekampe Road

City Bend State OR Zip Code 97702-9326

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **605**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45390**

Amount of Each Receipt this Period  
 ..... 5

**B.** Full Name (Last, First, Middle Initial)  
**Tim Knopp**

Mailing Address PO Box 6145

City Bend State OR Zip Code 97708-6145

FEC ID number of contributing federal political committee. **C**

Name of Employer COBA Occupation Exec VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45389**

Amount of Each Receipt this Period  
 ..... 250

**C.** Full Name (Last, First, Middle Initial)  
**Mary E Long**

Mailing Address 20455 Outback

City Bend State OR Zip Code 97702-9301

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **280**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45398**

Amount of Each Receipt this Period  
 ..... 5

<b>SUBTOTAL</b> of Receipts This Page (optional).....	..... 260.00
<b>TOTAL</b> This Period (last page this line number only).....	.....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joanne E. Luke**

Mailing Address PO Box 9069

City Bend State OR Zip Code 97708-9069

FEC ID number of contributing federal political committee. **C**

Name of Employer Schock Logistics Occupation Freight Estimator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **210**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45399**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 10

**B.** Full Name (Last, First, Middle Initial)  
**C. Marvin May**

Mailing Address 10620 Southern Highlands Parkway Suite 110-173

City Las Vegas State NV Zip Code 89141-4371

FEC ID number of contributing federal political committee. **C**

Name of Employer May Trucking Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45353**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500

**C.** Full Name (Last, First, Middle Initial)  
**Donna M. McDonnell**

Mailing Address 18160 Cottonwood Road # 760

City Sunriver State OR Zip Code 97707-9317

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **555**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45251**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5

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

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

\_\_\_\_\_ 2515.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 86  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Donna M. McDonnell**

Mailing Address 18160 Cottonwood Road  
# 760

City Sunriver State OR Zip Code 97707-9317

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **555**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45404**

Amount of Each Receipt this Period  
 300

**B.** Full Name (Last, First, Middle Initial)  
**Jack B. Owen**

Mailing Address 55661 Big River Drive

City Bend State OR Zip Code 97707-2303

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1640**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45400**

Amount of Each Receipt this Period  
 100

**C.** Full Name (Last, First, Middle Initial)  
**Erwin C. Remmele**

Mailing Address 60260 Addie Triplett Loop

City Bend State OR Zip Code 97702-9199

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45401**

Amount of Each Receipt this Period  
 100

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

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

500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Virgil Ridenour**

Mailing Address 3250 NW Ice Avenue

City State Zip Code  
Terrebonne OR 97760-9759

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**280**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45393**

Amount of Each Receipt this Period  
**30**

**B.** Full Name (Last, First, Middle Initial)  
**Dolores Storch**

Mailing Address PO Box 8000, PMB 8052

City State Zip Code  
Sisters OR 97759-8000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45385**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Werner S. Storch**

Mailing Address PO Box 8000, PMB 8052

City State Zip Code  
Sisters OR 97759-8000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Storch Corporation Engineers Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**520**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45229**

Amount of Each Receipt this Period  
**20**

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

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

**550.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joyce Taylor**

Mailing Address 61425 Brosterhous Road

City Bend State OR Zip Code 97702-9765

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **230**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45226**

Amount of Each Receipt this Period  
**5**

**B.** Full Name (Last, First, Middle Initial)  
**G. Bruce Thow**

Mailing Address 294 SE Soft Tail Drive

City Bend State OR Zip Code 97702-9342

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **355**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45223**

Amount of Each Receipt this Period  
**5**

**C.** Full Name (Last, First, Middle Initial)  
**Mary Jane Tobiason**

Mailing Address 22325 White Peaks Drive

City Bend State OR Zip Code 97702-9213

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **260**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45384**

Amount of Each Receipt this Period  
**10**

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

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

**20.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dennis Tooley**

Mailing Address 2440 NW Williams Loop

City Redmond State OR Zip Code 97756-9198

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45220**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Marianne Walker**

Mailing Address 65895 Highway 20

City Bend State OR Zip Code 97701-9190

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Hay Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4610**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45228**

Amount of Each Receipt this Period  
**5**

**C.** Full Name (Last, First, Middle Initial)  
**Maurice L. Westberg**

Mailing Address 2376 NE Lakeridge Drive

City Bend State OR Zip Code 97701-8093

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : A-CF45395**

Amount of Each Receipt this Period  
**100**

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

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

**155.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel G Baldwin**

Mailing Address PO Box 913

City: Keno State: OR Zip Code: 97627-0913

FEC ID number of contributing federal political committee: **C**

Name of Employer: None Occupation: Retired Electrical Wholesale

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **225**

Date of Receipt: **10 / 14 / 2014**

**Transaction ID : A-CF45320**

Amount of Each Receipt this Period: **100**

**B.** Full Name (Last, First, Middle Initial)  
**Daniel G Baldwin**

Mailing Address PO Box 913

City: Keno State: OR Zip Code: 97627-0913

FEC ID number of contributing federal political committee: **C**

Name of Employer: None Occupation: Retired Electrical Wholesale

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **225**

Date of Receipt: **10 / 14 / 2014**

**Transaction ID : A-CF45348**

Amount of Each Receipt this Period: **5**

**C.** Full Name (Last, First, Middle Initial)  
**Martin G. Bauer**

Mailing Address PO Box 967

City: Grants Pass State: OR Zip Code: 97528-0288

FEC ID number of contributing federal political committee: **C**

Name of Employer: Self Occupation: Real Estate Investment

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **325**

Date of Receipt: **10 / 14 / 2014**

**Transaction ID : A-CF45287**

Amount of Each Receipt this Period: **25**

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

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

**130.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James Cheyne**

Mailing Address 9049 Buesing Road

City: Klamath Falls State: OR Zip Code: 97603-9747

FEC ID number of contributing federal political committee: **C**

Name of Employer: Self Occupation: Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **1820**

Date of Receipt: 10 / 14 / 2014

**Transaction ID : A-CF45321**

Amount of Each Receipt this Period: **1800**

**B.** Full Name (Last, First, Middle Initial)  
**James Cheyne**

Mailing Address 9049 Buesing Road

City: Klamath Falls State: OR Zip Code: 97603-9747

FEC ID number of contributing federal political committee: **C**

Name of Employer: Self Occupation: Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **1820**

Date of Receipt: 10 / 14 / 2014

**Transaction ID : A-CF45334**

Amount of Each Receipt this Period: **20**

**C.** Full Name (Last, First, Middle Initial)  
**Loretta Cheyne**

Mailing Address 9049 Buesing Road

City: Klamath Falls State: OR Zip Code: 97603-9747

FEC ID number of contributing federal political committee: **C**

Name of Employer: Self Occupation: Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **5200**

Date of Receipt: 10 / 14 / 2014

**Transaction ID : A-CF45322**

Amount of Each Receipt this Period: **200**

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

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

**2020.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Raymond Corcoran**

Mailing Address 4875 SW 78th Avenue  
Apt. 200

City Portland State OR Zip Code 97225-1854

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired OR ST Geologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45195**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Gordon Dickerson**

Mailing Address 2202 Quail Point Terrace

City Medford State OR Zip Code 97504-4515

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**480**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45198**

Amount of Each Receipt this Period  
**30**

**C.** Full Name (Last, First, Middle Initial)  
**Sally Drinkward**

Mailing Address 1920 SW Greenwood Road

City Portland State OR Zip Code 97219-8366

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45196**

Amount of Each Receipt this Period  
**1600**

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

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

**2130.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Neal L. Eberlein**

Mailing Address 1345 N Eldorado Avenue

City Klamath Falls State OR Zip Code 97601-1810

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45271**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Cheri Frey**

Mailing Address 60834 Cobblestone Place

City Bend State OR Zip Code 97702-2979

FEC ID number of contributing federal political committee. **C**

Name of Employer Bend Lapine School District Occupation Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45426**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Julie A Henzel**

Mailing Address 10020 Washburn Way

City Klamath Falls State OR Zip Code 97603-8621

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45302**

Amount of Each Receipt this Period  
**100**

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

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

**250.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nelda Herman**

Mailing Address 14606 Anderson Road

City Klamath Falls State OR Zip Code 97603-9776

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Farming

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45301**

Amount of Each Receipt this Period  
 500

**B.** Full Name (Last, First, Middle Initial)  
**Nell Kuonen**

Mailing Address 11800 Tingley Lane Unit 10

City Klamath Falls State OR Zip Code 97603-9574

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1055**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45319**

Amount of Each Receipt this Period  
 100

**C.** Full Name (Last, First, Middle Initial)  
**Nell Kuonen**

Mailing Address 11800 Tingley Lane Unit 10

City Klamath Falls State OR Zip Code 97603-9574

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1055**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45336**

Amount of Each Receipt this Period  
 5

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

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

605.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Karen Liskey**

Mailing Address 4770 Township Road

City Klamath Falls State OR Zip Code 97603-9103

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **505**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45308**

Amount of Each Receipt this Period  
**5**

**B.** Full Name (Last, First, Middle Initial)  
**Susan C Liskey**

Mailing Address 4000 Lower Klamath Lake Road

City Klamath Falls State OR Zip Code 97603-9102

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45306**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Lynn E. Long**

Mailing Address 5116 Ridgewood Drive

City Klamath Falls State OR Zip Code 97603-8440

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **205**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45311**

Amount of Each Receipt this Period  
**105**

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

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

**160.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William Meade**

Mailing Address **PO Box 399**

City **Umatilla** State **OR** Zip Code **97882-0399**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : A-CF45199**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Martin Nygaard**

Mailing Address **285 W Irving Avenue**

City **Astoria** State **OR** Zip Code **97103-6451**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Warrenton Fiber** Occupation **Logger**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : A-CF45194**

Amount of Each Receipt this Period  
**2600**

**C.** Full Name (Last, First, Middle Initial)  
**Molly E O'Keeffe**

Mailing Address **1530 Pacific Terrace**

City **Klamath Falls** State **OR** Zip Code **97601-1837**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Rancher**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **230**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : A-CF45351**

Amount of Each Receipt this Period  
**20**

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

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

**2720.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 86  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lincoln Phillippi**

Mailing Address 477 Ridgecrest Drive

City Grants Pass State OR Zip Code 97527-7121

FEC ID number of contributing federal political committee. **C**

Name of Employer Rough and Ready Lumber Occupation Lumberman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **574**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45290**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Vince Sampson**

Mailing Address 6512 Little Falls Road

City Arlington State VA Zip Code 22213-1209

FEC ID number of contributing federal political committee. **C**

Name of Employer Cooley LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45211**

Amount of Each Receipt this Period  
 250

**C.** Full Name (Last, First, Middle Initial)  
**Ralph S. Santoro**

Mailing Address 4220 Summers Lane

City Klamath Falls State OR Zip Code 97603-7955

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **255**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45337**

Amount of Each Receipt this Period  
 5

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

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

355.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 86  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ralph S. Santoro**

Mailing Address 4220 Summers Lane

City State Zip Code  
Klamath Falls OR 97603-7955

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**255**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45354**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Trenor Scott**

Mailing Address 346 Bickford Drive

City State Zip Code  
Grants Pass OR 97527-9603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1107**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45326**

Amount of Each Receipt this Period  
**40**

**C.** Full Name (Last, First, Middle Initial)  
**Judith M. Spargo**

Mailing Address 180 Eagles View Drive

City State Zip Code  
Grants Pass OR 97527-7642

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**214**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45293**

Amount of Each Receipt this Period  
**30**

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

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

**170.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Judith M. Spargo**

Mailing Address 180 Eagles View Drive

City Grants Pass State OR Zip Code 97527-7642

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **214**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45294**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Michael Tyrholm**

Mailing Address 3510 Collier Lane

City Klamath Falls State OR Zip Code 97603-9643

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45316**

Amount of Each Receipt this Period  
 250

**C.** Full Name (Last, First, Middle Initial)  
**Roderick Wendt**

Mailing Address 2120 Fairmount Street

City Klamath Falls State OR Zip Code 97601-1536

FEC ID number of contributing federal political committee. **C**

Name of Employer Jeld-Wen, Inc. Occupation President/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45269**

Amount of Each Receipt this Period  
 1600

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

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

1950.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mountain Star Investments, LLC**

Mailing Address 1175 E Main Street

City Medford State OR Zip Code 97504-7499

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : A-CF45254**

Amount of Each Receipt this Period  
 250

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

**B.** Full Name (Last, First, Middle Initial)  
**Robert Robertson**

Mailing Address 1175 E Main Street Suite 1F

City Medford State OR Zip Code 97504-7457

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : A-PIP595**

Amount of Each Receipt this Period  
 250

**[MEMO ITEM]**  
Partnership Itemization Memo

**C.** Full Name (Last, First, Middle Initial)  
**Mary Sue Benton**

Mailing Address 1765 Orchard Road

City Hood River State OR Zip Code 97031-9628

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : A-CF45407**

Amount of Each Receipt this Period  
 400

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

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

650.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Roger S. Bounds**

Mailing Address **PO Box 148**

City **Hermiston** State **OR** Zip Code **97838-0148**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **440**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : A-CF45411**

Amount of Each Receipt this Period  
**200**

**B.** Full Name (Last, First, Middle Initial)  
**Julie M. Brim**

Mailing Address **PO Box 3009**

City **Ashland** State **OR** Zip Code **97520-0301**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Brim Aviation** Occupation **Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : A-CF45264**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Alan DeBoer**

Mailing Address **2260 Morada Lane**

City **Ashland** State **OR** Zip Code **97520-3639**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Town & Country Chevrolet** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : A-CF45361**

Amount of Each Receipt this Period  
**100**

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

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

**800.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gordon Dickerson**

Mailing Address 2202 Quail Point Terrace

City Medford State OR Zip Code 97504-4515

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **480**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : A-CF45272**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50

**B.** Full Name (Last, First, Middle Initial)  
**Marilyn Duke**

Mailing Address PO Box 430

City Rogue River State OR Zip Code 97537-0430

FEC ID number of contributing federal political committee. **C**

Name of Employer Duke Family LLC Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : A-CF45263**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000

**C.** Full Name (Last, First, Middle Initial)  
**Jerry Evans**

Mailing Address PO Box 359

City Jacksonville State OR Zip Code 97530-0359

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Restaurant Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **760**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : A-CF45260**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 150

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

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

\_\_\_\_\_ 1200.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert M. Farris**

Mailing Address PO Box 1080

City Shady Cove State OR Zip Code 97539-1080

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired Navy

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : A-CF45214**

Amount of Each Receipt this Period  
 20

**B.** Full Name (Last, First, Middle Initial)  
**Bruce C. Gibbs**

Mailing Address PO Box 8000, PMB 8145

City Black Butte State OR Zip Code 97759-8000

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Investment consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : A-CF45412**

Amount of Each Receipt this Period  
 100

**C.** Full Name (Last, First, Middle Initial)  
**Victoria Harris**

Mailing Address 251 Fieldbrook Court

City Medford State OR Zip Code 97504-9467

FEC ID number of contributing federal political committee. **C**

Name of Employer Asante Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1020**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : A-CF45366**

Amount of Each Receipt this Period  
 20

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

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

140.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Julia Ann Horton**

Mailing Address 1122 Spring Street  
Unit 318

City Medford State OR Zip Code 97504-2202

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **620**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : A-CF45359**

Amount of Each Receipt this Period  
 20

**B.** Full Name (Last, First, Middle Initial)  
**Mathias Kolding**

Mailing Address 1910 SW 44th Street

City Pendleton State OR Zip Code 97801-4221

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : A-CF45408**

Amount of Each Receipt this Period  
 50

**C.** Full Name (Last, First, Middle Initial)  
**Krag Norton**

Mailing Address PO Box 184

City Lostine State OR Zip Code 97857-0184

FEC ID number of contributing federal political committee. **C**

Name of Employer Norton's Welding Occupation Heavy Equipment Field Mechanic

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : A-CF45405**

Amount of Each Receipt this Period  
 500

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

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

570.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Donald E. Rowlett**

Mailing Address 16799 Highway 66

City Ashland State OR Zip Code 97520-9432

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : A-CF45261**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 25

**B.** Full Name (Last, First, Middle Initial)  
**Stan Shulster**

Mailing Address 165 Pilot View Road

City Ashland State OR Zip Code 97520-9629

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1305**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : A-CF45356**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5

**C.** Full Name (Last, First, Middle Initial)  
**John W. Snider**

Mailing Address 5090 Pleasant Creek Road

City Rogue River State OR Zip Code 97537-4752

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **355**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : A-CF45382**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5

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

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

\_\_\_\_\_ 35.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Herbert Sutton**

Mailing Address **PO Box 3216**

City **Central Point** State **OR** Zip Code **97502-0008**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **510**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : A-CF45373**

Amount of Each Receipt this Period  
**10**

**B.** Full Name (Last, First, Middle Initial)  
**Joseph M. Zelayeta**

Mailing Address **24685 SW Grandvista Drive**

City **Sherwood** State **OR** Zip Code **97140-9056**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : A-CF45406**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

**260.00**

**51366.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**National Mining Association PAC**

Mailing Address 101 Constitution Avenue NW  
Suite 500E

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00304634**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : A-CF44717**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Securities Industry and Financial Markets Association PAC**

Mailing Address 1101 New York Avenue NW  
Floor 8

City Washington State DC Zip Code 20005-4269

FEC ID number of contributing federal political committee. **C C00431312**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : A-CF44716**

Amount of Each Receipt this Period  
**2000**

**C.** Full Name (Last, First, Middle Initial)  
**Avista Employees For Effective Govt PAC**

Mailing Address PO Box 3727

City Spokane State WA Zip Code 99220-3727

FEC ID number of contributing federal political committee. **C C00041038**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : A-CF44911**

Amount of Each Receipt this Period  
**4000**

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

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

**7000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 86  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A. General Electric Co. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1299 Pennsylvania Avenue NW  
 Suite 900W  
 City Washington State DC Zip Code 20004-2400  
 FEC ID number of contributing federal political committee. **C C00024869**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**8000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : A-CF44914**  
 Amount of Each Receipt this Period  
**1500**

**B. Halliburton PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 17th Street NW  
 Floor 10  
 City Washington State DC Zip Code 20006-3912  
 FEC ID number of contributing federal political committee. **C C00035691**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**3000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : A-CF44915**  
 Amount of Each Receipt this Period  
**2000**

**C. Qualcomm PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1730 Pennsylvania Avenue NW  
 Suite 850  
 City Washington State DC Zip Code 20006-4724  
 FEC ID number of contributing federal political committee. **C C00339085**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : A-CF44916**  
 Amount of Each Receipt this Period  
**2500**

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

**6000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A. Real Estate Investment Trusts PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1875 I Street NW  
Suite 600

City Washington State DC Zip Code 20006-5413

FEC ID number of contributing federal political committee. **C** C00303339

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 03 / 2014

**Transaction ID : A-CF44912**

Amount of Each Receipt this Period  
5000

**B. JP Morgan Chase & Co PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 601 Pennsylvania Avenue NW  
North Building, Suite 700

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00104299

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 06 / 2014

**Transaction ID : A-CF44910**

Amount of Each Receipt this Period  
2500

**C. DRIVE Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 25 Louisiana Avenue NW

City Washington State DC Zip Code 20001-2130

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : A-CF45025**

Amount of Each Receipt this Period  
500

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

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

8000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A. Delphi Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)  
**Delphi Corporation Political Action Committee**

Mailing Address 1301 Pennsylvania Avenue NW  
Suite 1020

City Washington State DC Zip Code 20004-1701

FEC ID number of contributing federal political committee. **C C00346130**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : A-CF45190**

Amount of Each Receipt this Period  
1500

**B. Eli Lilly & Company PAC**

Full Name (Last, First, Middle Initial)  
**Eli Lilly & Company PAC**

Mailing Address 555 12th Street NW  
Suite 650, South Tower

City Washington State DC Zip Code 20004-1209

FEC ID number of contributing federal political committee. **C C00082792**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : A-CF45191**

Amount of Each Receipt this Period  
5000

**C. Marathon Oil Company Employees PAC**

Full Name (Last, First, Middle Initial)  
**Marathon Oil Company Employees PAC**

Mailing Address 975 F Street NW  
Suite 530

City Washington State DC Zip Code 20004-1465

FEC ID number of contributing federal political committee. **C C00040568**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : A-CF45192**

Amount of Each Receipt this Period  
1000

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

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

7500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Occidental Petroleum Corporation**

Mailing Address 1717 Pennsylvania Avenue NW  
Suite 400

City Washington State DC Zip Code 20006-4621

FEC ID number of contributing federal political committee. **C** C00083857

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : A-CF45193**

Amount of Each Receipt this Period  
2000

**B.** Full Name (Last, First, Middle Initial)  
**Standard Insurance Co PAC**

Mailing Address PO Box 711

City Portland State OR Zip Code 97207-0711

FEC ID number of contributing federal political committee. **C** C00193169

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : A-CF45208**

Amount of Each Receipt this Period  
2500

**C.** Full Name (Last, First, Middle Initial)  
**Harris Corporation PAC**

Mailing Address 600 Maryland Avenue SW  
Suite 850E

City Washington State DC Zip Code 20024-2566

FEC ID number of contributing federal political committee. **C** C00100321

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A-CF45209**

Amount of Each Receipt this Period  
1000

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

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

5500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A. United Transportation Union PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 Pennsylvania Avenue SE  
 City Washington State DC Zip Code 20003-1147  
 FEC ID number of contributing federal political committee. **C C00001636**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **3500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 14 / 2014  
**Transaction ID : A-CF45210**  
 Amount of Each Receipt this Period  
 1000

**B. National Automotive Dealers Association**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 412 1st Street SE  
 City Washington State DC Zip Code 20003-1804  
 FEC ID number of contributing federal political committee. **C C00040998**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **10000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 15 / 2014  
**Transaction ID : A-CF45284**  
 Amount of Each Receipt this Period  
 3000

**C. Novo Nordisk PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 F Street NW Suite 1150  
 City Washington State DC Zip Code 20004-1351  
 FEC ID number of contributing federal political committee. **C C00424838**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **5348.67**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 15 / 2014  
**Transaction ID : A-CF45253**  
 Amount of Each Receipt this Period  
 1500

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

5500.00  
 39500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 86			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. Central Oregon Builders Association</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1051 NE 4th Street			Amount of Each Disbursement this Period 485.06
City Bend	State OR	Zip Code 97701-4536	Transaction ID : B-E-45457
Purpose of Disbursement rent/utilities		001 Category/Type	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Grand Valley Consulting LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 213 Ashby Street			Amount of Each Disbursement this Period 9612.91
City Alexandria	State VA	Zip Code 22305	Transaction ID : B-E-45453
Purpose of Disbursement fundraising services/travel expense/fundraising expense		001 Category/Type	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>c. DC Parking</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 949 Constitution Ave			Amount of Each Disbursement this Period 12
City Washington	State DC	Zip Code 20003	Transaction ID : B-S-7692
Purpose of Disbursement travel expense		001 Category/Type	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Grand Valley Consulting LLC(10/01/14)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10097.97
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. Intuit - QuickBooks</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address <b>6200 Greenwich Drive</b>		Amount of Each Disbursement this Period <b>3830.35</b>
City <b>San Diego</b> State <b>CA</b> Zip Code <b>92122</b>	Purpose of Disbursement <b>taxes</b> <input type="checkbox"/> 001	
Candidate Name		<b>Transaction ID : B-E-44979</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.	

Full Name (Last, First, Middle Initial) <b>B. Department of the Treasury - IRS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address <b>Internal Revenue Service Center</b>		Amount of Each Disbursement this Period <b>3008.56</b>
City <b>Ogden</b> State <b>UT</b> Zip Code <b>84201-0027</b>	Purpose of Disbursement <b>taxes</b> <input type="checkbox"/> 001	
Candidate Name		<b>Transaction ID : B-S-7486</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	<b>[MEMO ITEM]</b> Subitemization of Intuit - QuickBooks(10/01/14)	

Full Name (Last, First, Middle Initial) <b>c. Oregon Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address <b>PO Box 14800</b>		Amount of Each Disbursement this Period <b>792.87</b>
City <b>Salem</b> State <b>OR</b> Zip Code <b>97310-0001</b>	Purpose of Disbursement <b>taxes</b> <input type="checkbox"/> 001	
Candidate Name		<b>Transaction ID : B-S-7487</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	<b>[MEMO ITEM]</b> Subitemization of Intuit - QuickBooks(10/01/14)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3830.35</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. DC Department of Employment Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address <b>4058 Minnesota Avenue NE</b>		Amount of Each Disbursement this Period <b>28.92</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20019-3540</b>	Purpose of Disbursement <b>taxes</b> Category/Type <b>001</b>	<b>Transaction ID : B-S-7488</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Intuit - QuickBooks(10/01/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Moda Health</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address <b>PO Box 40384</b>		Amount of Each Disbursement this Period <b>1395.2</b>
City <b>Portland</b> State <b>OR</b> Zip Code <b>97240-0384</b>	Purpose of Disbursement <b>insurance premium</b> Category/Type <b>001</b>	<b>Transaction ID : B-E-45165</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address <b>144 2nd Street</b>		Amount of Each Disbursement this Period <b>46.04</b>
City <b>San Francisco</b> State <b>CA</b> Zip Code <b>94105-3716</b>	Purpose of Disbursement <b>credit card processing fee</b> Category/Type <b>001</b>	<b>Transaction ID : B-E-45565</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1441.24</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. Port of Hood River</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address 1000 E Port Marina Drive		Amount of Each Disbursement this Period <b>654</b> Transaction ID : B-E-44720
City Hood River	State OR	
Zip Code 97031-1172	Purpose of Disbursement rent	Category/ Type <b>001</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Judy L. Benton</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address 1767 12th Street Unit 144		Amount of Each Disbursement this Period <b>1126.55</b> Transaction ID : B-E-44982
City Hood River	State OR	
Zip Code 97031-9531	Purpose of Disbursement salary	Category/ Type <b>001</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Jon Kunkel</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address 61281 Kwinnum Drive		Amount of Each Disbursement this Period <b>2053.93</b> Transaction ID : B-E-44981
City Bend	State OR	
Zip Code 97702-2772	Purpose of Disbursement salary	Category/ Type <b>001</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3834.48</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. Andrew Malcolm</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1724 T Street NW Apt. 21		Amount of Each Disbursement this Period 447.33
City Washington State DC Zip Code 20009-7112	Purpose of Disbursement salary	Transaction ID : B-E-44980
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Marta A Simons</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 2870 Prospect Avenue		Amount of Each Disbursement this Period 4305.24
City Hood River State OR Zip Code 97031-1061	Purpose of Disbursement salary	Transaction ID : B-E-44984
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Melissa Stiles</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 2426 Meadow Creek Drive		Amount of Each Disbursement this Period 826.63
City Medford State OR Zip Code 97504-3629	Purpose of Disbursement salary	Transaction ID : B-E-44985
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5579.20
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. Marisa A Wonsyld</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1767 12th Street, #126		Amount of Each Disbursement this Period 730.4 <b>Transaction ID : B-E-44983</b>
City Hood River	State OR	
Zip Code 97031-9531	Purpose of Disbursement salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Columbia Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address PO Box 980		Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-45461</b>
City Hood River	State OR	
Zip Code 97031-0032	Purpose of Disbursement bank fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Established Merchant Focus</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 5940 Venture Drive		Amount of Each Disbursement this Period 10 <b>Transaction ID : B-E-45522</b>
City Dublin	State OH	
Zip Code 43017-2245	Purpose of Disbursement credit card processing fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	765.40
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 144 2nd Street		Amount of Each Disbursement this Period 28.75
City San Francisco	State CA	
Zip Code 94105-3716	Purpose of Disbursement credit card processing fee	Transaction ID : B-E-45570
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Push Digital</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address PO Box 7431		Amount of Each Disbursement this Period 79775
City Columbia	State SC	
Zip Code 29202-7431	Purpose of Disbursement online advertising	Transaction ID : B-E-45460
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Scottish Rite Center</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 3581 Lear Way		Amount of Each Disbursement this Period 420
City Medford	State OR	
Zip Code 97504-9759	Purpose of Disbursement fundraising expense: facility use fee	Transaction ID : B-E-45454
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	80223.75
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 408 Cascade Avenue		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-45459</b>
City Hood River	State OR	
Zip Code 97031-7031	Purpose of Disbursement postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CenturyLink</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address PO Box 1320		Amount of Each Disbursement this Period 56.8 <b>Transaction ID : B-E-45458</b>
City Charlotte	State NC	
Zip Code 28201-1320	Purpose of Disbursement phone service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. FTIN Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 325 E Jimmie Leeds Road Suite 117		Amount of Each Disbursement this Period 550 <b>Transaction ID : B-E-45455</b>
City Galloway	State NJ	
Zip Code 08205-4126	Purpose of Disbursement software use fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1106.80
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sun Quest NW Executive Jet Charter LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 03 / 2014</b>	
Mailing Address <b>PO Box 12008</b>			Amount of Each Disbursement this Period <b>5405.15</b>	
City <b>Salem</b>	State <b>OR</b>	Zip Code <b>97309</b>	Transaction ID : <b>B-E-45451</b>	
Purpose of Disbursement travel expense		Category/ Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2014</b>	
Mailing Address <b>144 2nd Street</b>			Amount of Each Disbursement this Period <b>43.13</b>	
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105-3716</b>	Transaction ID : <b>B-E-45587</b>	
Purpose of Disbursement credit card processing fee		Category/ Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 06 / 2014</b>	
Mailing Address <b>PO Box 360001</b>			Amount of Each Disbursement this Period <b>16.05</b>	
City <b>Ft Lauderdale</b>	State <b>FL</b>	Zip Code <b>33336-0001</b>	Transaction ID : <b>B-E-45523</b>	
Purpose of Disbursement credit card processing fee		Category/ Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5464.33</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aristotle/Complete Campaigns</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-45040</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement credit card processing fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address PO Box 37291		Amount of Each Disbursement this Period 39.05 <b>Transaction ID : B-E-45072</b>
City Baltimore State MD Zip Code 21297-3291	Purpose of Disbursement flags 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>c. First Data Global Leasing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address PO Box 407092		Amount of Each Disbursement this Period 36.98 <b>Transaction ID : B-E-45524</b>
City Ft Lauderdale State FL Zip Code 33340-7092	Purpose of Disbursement equipment rent 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	101.03
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 144 2nd Street		Amount of Each Disbursement this Period 75.34 <b>Transaction ID : B-E-45589</b>
City San Francisco State CA Zip Code 94105-3716	Purpose of Disbursement credit card processing fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Advantage Direct</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 2300 Clarendon Boulevard Suite 303		Amount of Each Disbursement this Period 2861.2 <b>Transaction ID : B-E-45435</b>
City Arlington State VA Zip Code 22201-3367	Purpose of Disbursement survey 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. CenturyLink</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address PO Box 2961		Amount of Each Disbursement this Period 210.68 <b>Transaction ID : B-E-45442</b>
City Phoenix State AZ Zip Code 85062-2961	Purpose of Disbursement phone/internet service 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3147.22
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. InfoStructure</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>08</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		08		2014
M M	/	D D	/	Y Y Y Y								
10		08		2014								
Mailing Address 288 S Pacific Highway		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Talent</td> <td>OR</td> <td>97540-6649</td> </tr> </table>		City	State	Zip Code	Talent	OR	97540-6649	<table border="1"> <tr> <td>69.53</td> </tr> </table>	69.53			
City	State	Zip Code										
Talent	OR	97540-6649										
69.53												
Purpose of Disbursement internet service		Transaction ID : B-E-45437										
Candidate Name												
Office Sought:		Category/ Type										
<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For: 2014</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>			<input type="checkbox"/> House	Disbursement For: 2014	<input type="checkbox"/> Senate	<input type="checkbox"/> President						
<input type="checkbox"/> House	Disbursement For: 2014											
<input type="checkbox"/> Senate												
<input type="checkbox"/> President												
State: District:		<table border="1"> <tr> <td><input type="checkbox"/> Primary</td> <td><input checked="" type="checkbox"/> General</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify)</td> </tr> </table>	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify)							
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General											
<input type="checkbox"/> Other (specify)												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. Kelley Mailing Systems</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>08</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		08		2014
M M	/	D D	/	Y Y Y Y								
10		08		2014								
Mailing Address 8725 S 212th Street		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Kent</td> <td>WA</td> <td>98031-1921</td> </tr> </table>		City	State	Zip Code	Kent	WA	98031-1921	<table border="1"> <tr> <td>257.96</td> </tr> </table>	257.96			
City	State	Zip Code										
Kent	WA	98031-1921										
257.96												
Purpose of Disbursement office supplies		Transaction ID : B-E-45445										
Candidate Name												
Office Sought:		Category/ Type										
<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For: 2014</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>			<input type="checkbox"/> House	Disbursement For: 2014	<input type="checkbox"/> Senate	<input type="checkbox"/> President						
<input type="checkbox"/> House	Disbursement For: 2014											
<input type="checkbox"/> Senate												
<input type="checkbox"/> President												
State: District:		<table border="1"> <tr> <td><input type="checkbox"/> Primary</td> <td><input checked="" type="checkbox"/> General</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify)</td> </tr> </table>	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify)							
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General											
<input type="checkbox"/> Other (specify)												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. Piryx</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>08</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		08		2014
M M	/	D D	/	Y Y Y Y								
10		08		2014								
Mailing Address 144 2nd Street		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94105-3716</td> </tr> </table>		City	State	Zip Code	San Francisco	CA	94105-3716	<table border="1"> <tr> <td>7.19</td> </tr> </table>	7.19			
City	State	Zip Code										
San Francisco	CA	94105-3716										
7.19												
Purpose of Disbursement credit card processing fee		Transaction ID : B-E-45590										
Candidate Name												
Office Sought:		Category/ Type										
<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For: 2014</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>			<input type="checkbox"/> House	Disbursement For: 2014	<input type="checkbox"/> Senate	<input type="checkbox"/> President						
<input type="checkbox"/> House	Disbursement For: 2014											
<input type="checkbox"/> Senate												
<input type="checkbox"/> President												
State: District:		<table border="1"> <tr> <td><input type="checkbox"/> Primary</td> <td><input checked="" type="checkbox"/> General</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify)</td> </tr> </table>	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify)							
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General											
<input type="checkbox"/> Other (specify)												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	334.68
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A. Print It**

Full Name (Last, First, Middle Initial)  
Mailing Address 1802 Cascade Avenue

City Hood River State OR Zip Code 97031-3122

Purpose of Disbursement printing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 08 / 2014

Amount of Each Disbursement this Period: 2527.2

Transaction ID : B-E-45436

Category/Type: 001

**B. Purchase Power**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 856042

City Louisville State KY Zip Code 40285-6042

Purpose of Disbursement postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 08 / 2014

Amount of Each Disbursement this Period: 1200

Transaction ID : B-E-45443

Category/Type: 001

**c. Push Digital**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 7431

City Columbia State SC Zip Code 29202-7431

Purpose of Disbursement digital media services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 08 / 2014

Amount of Each Disbursement this Period: 1105.9

Transaction ID : B-E-45444

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 4833.10

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. Push Digital</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address PO Box 7431		Amount of Each Disbursement this Period 2000 <b>Transaction ID : B-E-45446</b>
City Columbia	State SC	
Zip Code 29202-7431	Purpose of Disbursement digital media services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Something Else Strategies LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 112 Lantern Ridge Drive		Amount of Each Disbursement this Period 16400 <b>Transaction ID : B-E-45434</b>
City Easley	State SC	
Zip Code 29642-8289	Purpose of Disbursement media production services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. The Conference Group</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 254 Chapman Road		Amount of Each Disbursement this Period 41.95 <b>Transaction ID : B-E-45440</b>
City Newark	State DE	
Zip Code 19702-5413	Purpose of Disbursement phone service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18441.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. The University Club of Portland</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 1225 SW 6th Avenue			Amount of Each Disbursement this Period 862.8 <b>Transaction ID : B-E-45439</b>
City Portland	State OR	Zip Code 97204-1001	
Purpose of Disbursement catering/facility use fee		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address PO Box 660108			Amount of Each Disbursement this Period 607.7 <b>Transaction ID : B-E-45438</b>
City Dallas	State TX	Zip Code 75266	
Purpose of Disbursement phone service		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address PO Box 660108			Amount of Each Disbursement this Period 50.08 <b>Transaction ID : B-E-45441</b>
City Dallas	State TX	Zip Code 75266	
Purpose of Disbursement internet service		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1520.08
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 144 2nd Street		Amount of Each Disbursement this Period 34.51
City San Francisco	State CA Zip Code 94105-3716	
Purpose of Disbursement credit card processing fee	Category/Type 001	<b>Transaction ID : B-E-45592</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. VISA Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 496.55
City Saint Louis	State MO Zip Code 63179-0408	
Purpose of Disbursement software support/shipping	Category/Type 001	<b>Transaction ID : B-E-45448</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UPS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2014
Mailing Address 55 Glenlake Parkway NE		Amount of Each Disbursement this Period 95.91
City Atlanta	State GA Zip Code 30328	
Purpose of Disbursement shipping	Category/Type 001	<b>Transaction ID : B-S-7678</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of VISA Cardmember Service(10/09/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	531.06
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. UPS</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2014
Mailing Address 55 Glenlake Parkway NE		Amount of Each Disbursement this Period 21.22
City Atlanta	State GA Zip Code 30328	
Purpose of Disbursement shipping	Category/Type 001	<b>Transaction ID : B-S-7679</b>
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	<b>[MEMO ITEM]</b> Subitemization of VISA Cardmember Service(10/09/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aristotle/Complete Campaigns</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 250
City Washington	State DC Zip Code 20003-1164	
Purpose of Disbursement software support	Category/Type 001	<b>Transaction ID : B-S-7680</b>
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	<b>[MEMO ITEM]</b> Subitemization of VISA Cardmember Service(10/09/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UPS</b>		Date of Disbursement MM / DD / YYYY 09 / 07 / 2014
Mailing Address 55 Glenlake Parkway NE		Amount of Each Disbursement this Period 16.61
City Atlanta	State GA Zip Code 30328	
Purpose of Disbursement shipping	Category/Type 001	<b>Transaction ID : B-S-7681</b>
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	<b>[MEMO ITEM]</b> Subitemization of VISA Cardmember Service(10/09/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

**A. UPS**

Full Name (Last, First, Middle Initial)  
Mailing Address 55 Glenlake Parkway NE

City Atlanta State GA Zip Code 30328

Purpose of Disbursement shipping

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 14 / 2014

Amount of Each Disbursement this Period: 112.81

Transaction ID : B-S-7682

**[MEMO ITEM]**  
Subitemization of VISA Cardmember Service(10/09/14)

**B. VISA Cardmember Service**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 790408

City Saint Louis State MO Zip Code 63179-0408

Purpose of Disbursement internet service/travel expense/meeting expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 09 / 2014

Amount of Each Disbursement this Period: 558.53

Transaction ID : B-E-45449

Original vendors exceeding reporting threshold itemized as memo transactions.

**C. GoGo Air**

Full Name (Last, First, Middle Initial)  
Mailing Address 1250 N Arlington Heights Road Suite 500

City Itasca State IL Zip Code 60143-1216

Purpose of Disbursement internet service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 26 / 2014

Amount of Each Disbursement this Period: 44.95

Transaction ID : B-S-7683

**[MEMO ITEM]**  
Subitemization of VISA Cardmember Service(10/09/14)

**SUBTOTAL** of Disbursements This Page (optional)..... 558.53

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. DC Parking</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2014
Mailing Address 949 Constitution Ave		Amount of Each Disbursement this Period 4.45
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement travel expense	Transaction ID : B-S-7684
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of VISA Cardmember Service(10/09/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DC Parking</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2014
Mailing Address 949 Constitution Ave		Amount of Each Disbursement this Period 1.45
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement travel expense	Transaction ID : B-S-7685
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of VISA Cardmember Service(10/09/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United Airlines</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2014
Mailing Address 233 S Wacker Drive		Amount of Each Disbursement this Period 417
City Chicago	State IL	
Zip Code 60606-7147	Purpose of Disbursement travel expense	Transaction ID : B-S-7686
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of VISA Cardmember Service(10/09/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 83 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. VISA Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 09 / 2014</b>
Mailing Address <b>PO Box 790408</b>		Amount of Each Disbursement this Period <b>35</b>
City <b>Saint Louis</b>	State <b>MO</b>	Zip Code <b>63179-0408</b>
Purpose of Disbursement <b>internet service</b>	<b>001</b> Category/Type	
Candidate Name		<b>Transaction ID : B-E-45450</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 25 / 2014</b>
Mailing Address <b>PO Box 660108</b>		Amount of Each Disbursement this Period <b>35</b>
City <b>Dallas</b>	State <b>TX</b>	Zip Code <b>75266</b>
Purpose of Disbursement <b>internet service</b>	<b>001</b> Category/Type	
Candidate Name		<b>Transaction ID : B-S-7688</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	<b>[MEMO ITEM]</b> Subitemization of VISA Cardmember Service(10/09/14)	

Full Name (Last, First, Middle Initial) <b>c. Transfirst</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 10 / 2014</b>
Mailing Address <b>12202 Airport Way Suite 100</b>		Amount of Each Disbursement this Period <b>593.82</b>
City <b>Broomfield</b>	State <b>CO</b>	Zip Code <b>80021</b>
Purpose of Disbursement <b>credit card processing fee</b>	<b>001</b> Category/Type	
Candidate Name		<b>Transaction ID : B-E-45525</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>628.82</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2014
Mailing Address 144 2nd Street		Amount of Each Disbursement this Period 162.45 <b>Transaction ID : B-E-45595</b>
City San Francisco State CA Zip Code 94105-3716	Purpose of Disbursement credit card processing fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Oregon Newspaper Advertising Co</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 7150 SW Hampton Street Suite 111		Amount of Each Disbursement this Period 37533.67 <b>Transaction ID : B-E-45433</b>
City Portland State OR Zip Code 97223-8365	Purpose of Disbursement newspaper advertising Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 144 2nd Street		Amount of Each Disbursement this Period 14.38 <b>Transaction ID : B-E-45596</b>
City San Francisco State CA Zip Code 94105-3716	Purpose of Disbursement credit card processing fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	37710.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 85 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address <b>144 2nd Street</b>		Amount of Each Disbursement this Period <b>11.21</b>
City <b>San Francisco</b> State <b>CA</b> Zip Code <b>94105-3716</b>	Purpose of Disbursement <b>credit card processing fee</b>	
Candidate Name	Category/Type <b>001</b>	<b>Transaction ID : B-E-45598</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Push Digital</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address <b>PO Box 7431</b>		Amount of Each Disbursement this Period <b>1754.36</b>
City <b>Columbia</b> State <b>SC</b> Zip Code <b>29202-7431</b>	Purpose of Disbursement <b>digital media services</b>	
Candidate Name	Category/Type <b>001</b>	<b>Transaction ID : B-E-45462</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Marta A Simons</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address <b>2870 Prospect Avenue</b>		Amount of Each Disbursement this Period <b>39.9</b>
City <b>Hood River</b> State <b>OR</b> Zip Code <b>97031-1061</b>	Purpose of Disbursement <b>phone case</b>	
Candidate Name	Category/Type <b>001</b>	<b>Transaction ID : B-E-45463</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Original vendors exceeding reporting threshold itemized as memo transactions.

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1805.47</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>181956.46</b>

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 86
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Walden for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lee Terry for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 238 N 114th Street		Amount of Each Disbursement this Period 2000 <b>Transaction ID : B-E-45456</b>
City Omaha State NE Zip Code 68154-2515	Purpose of Disbursement contribution 011 Category/Type	
Candidate Name <b>Lee Terry</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NE District: 02		

Full Name (Last, First, Middle Initial) <b>B. Oregon Reagan PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 61396 S Highway 97 Suite 208		Amount of Each Disbursement this Period 20000 <b>Transaction ID : B-E-45452</b>
City Bend State OR Zip Code 97702-2159	Purpose of Disbursement State PAC - contribution 011 Category/Type	
Candidate Name <b>Oregon Reagan PAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Upton for All of Us</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address PO Box 490		Amount of Each Disbursement this Period 2000 <b>Transaction ID : B-E-45464</b>
City Saint Joseph State MI Zip Code 49085-0490	Purpose of Disbursement contribution 011 Category/Type	
Candidate Name <b>Frederick Stephen Upton</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	24000.00
<b>TOTAL</b> This Period (last page this line number only).....	24000.00