

# 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

Colm for Congress

ADDRESS (number and street) ▼

PO box 893

Check if different than previously reported. (ACC)

Stayton

OR

97383

2. **FEC IDENTIFICATION NUMBER** ▼

C C00592055

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

OR

05

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  /  /  in the State of

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

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Julia Miller

Signature of Treasurer Julia Miller

[Electronically Filed]

Date

/  /

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								
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**SUMMARY PAGE**  
of Receipts and Disbursements

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

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

	<b>COLUMN A This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="50600.36"/>	<input type="text" value="50600.36"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="50600.36"/>	<input type="text" value="50600.36"/>
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="6814.87"/>	<input type="text" value="6814.87"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="6814.87"/>	<input type="text" value="6814.87"/>
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<input type="text" value="43785.49"/>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<input type="text" value="0.00"/>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<input type="text" value="0.00"/>	

**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

**Colm for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	41339.38	41339.38
(ii) Unitemized .....	8450.00	8450.00
(iii) TOTAL of contributions from individuals .....	49789.38	49789.38
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate .....	810.98	810.98
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	50600.36	50600.36
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	50600.36	50600.36

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6814.87	6814.87
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	6814.87	6814.87

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	50600.36
25. SUBTOTAL (add Line 23 and Line 24).....	50600.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6814.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	43785.49

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A  
Transaction ID :

Memo #1: Please Note this report is being amended in response to the request for information dated February 29, 2016 to disclose disbursement purposes and candidate in kind ultimate vendors.

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 6 OF 40  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  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)  
**Colm for Congress**

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

Mailing Address 3870 Ridgewood Way

City State Zip Code  
West Linn OR 97068

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2015

**Transaction ID : SA11AI.4388**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Chris Baretto**

Mailing Address 62819 Lower Cove Road

City State Zip Code  
Cove OR 97824

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2015

**Transaction ID : SA11AI.4143**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 15850 NW Central Drive

City State Zip Code  
Portland OR 97229

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2015

**Transaction ID : SA11AI.4295**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

750.00

**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 40
	<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)  
**Colm for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Donald Barth**

Mailing Address 7435 SW Canyon Drive

City Portland State OR Zip Code 97225

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

Name of Employer Self-Employed Occupation Contractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2015

**Transaction ID : SA11AI.4266**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mary Kay Beaudoin**

Mailing Address 9114 nw benson ct

City Portland State OR Zip Code 97229

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

Name of Employer Cedar Mountain Advisors Occupation Registered Office Assistant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2015

**Transaction ID : SA11AI.4402**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Adam Beid**

Mailing Address 50 Presidential Plaza Number 203

City Syracuse State NY Zip Code 13202

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

Name of Employer SUNY Upstate Hospital Occupation Medical Doctor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : SA11AI.4147**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

750.00

**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 40
	<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)  
**Colm for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Amy Conger**

Mailing Address P.O. Box 8009

City Bend State OR Zip Code 97708

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11AI.4204**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jason Conger**

Mailing Address PO Box 8009

City Bend State OR Zip Code 97708

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

Name of Employer Miller Nash LLP Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : SA11AI.4422**

Amount of Each Receipt this Period  
1500.00

Memo Item  
In-kind - Donor List

**C.** Full Name (Last, First, Middle Initial)  
**Nedora Counts**

Mailing Address 1581 Matheny Road

City Gervais State OR Zip Code 97026

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11AI.4330**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

2250.00

**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 40
	<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)  
**Colm for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Brian Diehm**

Mailing Address 1040 SW Westwood Ct.

City Portland State OR Zip Code 97239

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

Name of Employer Archdiocese of Portland Occupation Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2015

**Transaction ID : SA11AI.4161**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Heather Eagon**

Mailing Address 4080 SW Charming Way

City Portland State OR Zip Code 97225

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SA11AI.4276**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Adam Eilenberg**

Mailing Address 3006 Arlington Avenue

City Bronx State NY Zip Code 10463

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

Name of Employer Eilenberg & Krause LLP Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 24 / 2015

**Transaction ID : SA11AI.4110**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

1750.00

**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 10 OF 40
	<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)  
**Colm for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dick Friedeman**

Mailing Address 2611 Broadway

City State Zip Code  
Great Bend KS 67530

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

Name of Employer Occupation  
Watkins, Calcara Chtd. Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 13 / 2015

**Transaction ID : SA11AI.4153**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Ellen Graham**

Mailing Address 22524 N. Del Monte Ct.

City State Zip Code  
Sun City West AZ 85375

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SA11AI.4400**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Heidi Gunsul**

Mailing Address 6930 SW 33rd Avenue

City State Zip Code  
Portland OR 97219

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 29 / 2015

**Transaction ID : SA11AI.4286**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 11 OF 40  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Lynda Harrington**

Mailing Address 170 Santiam Pointe Loop NE

City State Zip Code  
Mill City OR 97360

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11AI.4268**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Eric Heinz**

Mailing Address 14 1/2 Hull St., Apt. 2

City State Zip Code  
Boston MA 02113

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

Name of Employer Occupation  
Goodwin Proctor LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : SA11AI.4114**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Emilia Henneman**

Mailing Address PO Box 47

City State Zip Code  
Mount Angel OR 97362

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2015

**Transaction ID : SA11AI.4252**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 12 OF 40  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Casey Hill**

Mailing Address 1642 SW 58th Ave

City State Zip Code  
Portland OR 97221

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

Name of Employer Occupation  
Self-Employed Photographer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015

**Transaction ID : SA11AI.4441**

Amount of Each Receipt this Period  
250.00

Memo Item  
In-kind - Logo Design

**B.** Full Name (Last, First, Middle Initial)  
**Barbara Hochgesang**

Mailing Address 3608 SW 60th Place

City State Zip Code  
Portland OR 97221

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

Name of Employer Occupation  
Intel Software Manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11AI.4172**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 7672 SW Leland Drive

City State Zip Code  
Beaverton OR 97007

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

Name of Employer Occupation  
Beaverton School District Teacher

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2015

**Transaction ID : SA11AI.4404**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1000.00

**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 13 OF 40
	<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)  
**Colm for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Shawn Lindsay**

Mailing Address **244 NE 72nd Place**

City **Hillsboro** State **OR** Zip Code **97124**

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

Name of Employer **Harris Berne Christensen** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**276.69**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 10 / 2015**

**Transaction ID : SA11AI.4420**

Amount of Each Receipt this Period  
**276.69**

Memo Item  
 In-kind - Donor List

**B.** Full Name (Last, First, Middle Initial)  
**Debra Madden**

Mailing Address **1447 SW Highland Road**

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

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

Name of Employer **Homemaker** Occupation **Homemaker**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 04 / 2015**

**Transaction ID : SA11AI.4270**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mark Madden**

Mailing Address **1447 SW Highland Road**

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

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

Name of Employer **WDC Properties LLC** Occupation **President**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 04 / 2015**

**Transaction ID : SA11AI.4256**

Amount of Each Receipt this Period  
**750.00**

Memo Item

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

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

**1276.69**

**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 40
	<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)  
**Colm for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Zena Martin**

Mailing Address 10655 SW Cook Ln

City Tigard State OR Zip Code 97223

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

Name of Employer Student Occupation Student

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2015

**Transaction ID : SA11AI.4412**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Austin McLaughlin**

Mailing Address 42 Lagrange Street, Unit 1

City West Roxbury State MA Zip Code 02132

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

Name of Employer Factset Occupation Product Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1222.69

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2015

**Transaction ID : SA11AI.4454**

Amount of Each Receipt this Period  
1212.69

Memo Item  
In-kind - Online Services-Web Design

**C.** Full Name (Last, First, Middle Initial)  
**Vinny Mesa**

Mailing Address 6710 SW Gable Parkway

City Portland State OR Zip Code 97225

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

Name of Employer Mesa Clinical Laboratories Occupation Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.4180**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1712.69

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

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

FOR LINE NUMBER: PAGE 15 OF 40  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Jane Milton**

Mailing Address 1464 SE 37th Ave.

City Hillsboro State OR Zip Code 97123

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 20 / 2015

**Transaction ID : SA11AI.4414**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 4102 SW Westdale Drive

City Portland State OR Zip Code 97221

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

Name of Employer Stoel Rives LLP Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 09 / 2015

**Transaction ID : SA11AI.4410**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mike Nearman**

Mailing Address 2570 Greenwood Road S

City Independence State OR Zip Code 97351

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

Name of Employer State of Oregon Occupation State Representative

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 12 / 2015

**Transaction ID : SA11AI.4248**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 16 OF 40  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Bianca Nerenberg**

Mailing Address 13148 SW Broadmoor Place

City State Zip Code  
Tigard OR 97223

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

Name of Employer Occupation  
Financial Manager Apex Laboratories

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2015

**Transaction ID : SA11AI.4264**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Marlu Newvine**

Mailing Address 6561 Artemis Ln.

City State Zip Code  
West Linn OR 97068

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : SA11AI.4416**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Laura Parker**

Mailing Address 4336 SW Iowa Street

City State Zip Code  
Portland OR 97221

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

Name of Employer Occupation  
Mentor Graphics Technology Leadership Programs Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2015

**Transaction ID : SA11AI.4123**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 17 OF 40  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Laura Parker**

Mailing Address 4336 SW Iowa Street

City State Zip Code  
Portland OR 97221

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

Name of Employer Occupation  
Mentor Graphics Technology Leadership Programs Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11AI.4288**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

Mailing Address 1221 SW Yamhill, STE 310

City State Zip Code  
Portland OR 97205

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

Name of Employer Occupation  
Downtown Dental Associates Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015

**Transaction ID : SA11AI.4254**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Malin Petrusich**

Mailing Address 7935 SW Broadmoor Terrace

City State Zip Code  
Portland OR 97225

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11AI.4202**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

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

1000.00

**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 18 OF 40
	<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)  
**Colm for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dierdre Pharr**

Mailing Address 4930 17TH STREET

City State Zip Code  
SAN FRANCISCO CA 94117

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2015

**Transaction ID : SA11AI.4284**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 3440 SE Harold Court

City State Zip Code  
Portland OR 97202

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

Name of Employer Occupation  
Public Affairs Counsel Director of Communications

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015

**Transaction ID : SA11AI.4246**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Stanley Rooney**

Mailing Address 1865 SW Mountmore Way

City State Zip Code  
Troutdale OR 97060

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2015

**Transaction ID : SA11AI.4408**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

750.00

**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 40  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Jeanne Shiffman**

Mailing Address 3412 21st Ave N

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
Steinmetz Center for Integrati Doctor

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : SA11AI.4272**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Dan Sievers**

Mailing Address 130 S Water St., Unit 313

City State Zip Code  
Milwaukee WI 53204

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

Name of Employer Occupation  
Fiduciary Management Inc. Research Analyst

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : SA11AI.4274**

Amount of Each Receipt this Period  
 350.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**John Skakel**

Mailing Address 3825 SW Jerald Court

City State Zip Code  
Portland OR 97221

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

Name of Employer Occupation  
Conservative50Plus Executive Director

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11AI.4398**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

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

1600.00

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

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

FOR LINE NUMBER: PAGE 20 OF 40  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Jeff Steigerwalt**

Mailing Address 2624 Woodmont Lane

City State Zip Code  
Wexford PA 15090

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

Name of Employer Occupation  
Skyline Exhibits President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2015

**Transaction ID : SA11AI.4258**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Gayle Strawn**

Mailing Address 6485 Nesting Place SE

City State Zip Code  
Salem OR 97317

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

Name of Employer Occupation  
Richard A. Strawn Construction Bookkeeper

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2015

**Transaction ID : SA11AI.4307**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Teri Sykes**

Mailing Address 12126 SE Nella Way

City State Zip Code  
Happy Valley OR 97086-9796

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

Name of Employer Occupation  
Drayage Company President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015

**Transaction ID : SA11AI.4318**

Amount of Each Receipt this Period  
 300.00

Memo Item

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

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

2300.00

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

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

FOR LINE NUMBER: PAGE 21 OF 40  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A. Bill Toffler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1010 SW Cheltenham Street  
 City State Zip Code  
 Portland OR 97229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OHSU Doctor  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2015  
**Transaction ID : SA11AI.4260**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Mark Toffler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3809 N OConnor road  
 City State Zip Code  
 Irving TX 75062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Americans for Prosperity Field Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : SA11AI.4313**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Billy Valentine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10596 John Ayres Dr.  
 City State Zip Code  
 Fairfax VA 22032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Susan B. Anthony List Government Affairs Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2015  
**Transaction ID : SA11AI.4149**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

1500.00

**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 40
	<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)  
**Colm for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Linda Van Wart**

Mailing Address 24655 SW Brentwood Drive

City West Linn State OR Zip Code 97068

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 24 / 2015

**Transaction ID : SA11AI.4198**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Lennie Williams-Haran**

Mailing Address 13215 SE Mill Plain BLVD C8 #113

City Vancouver State WA Zip Code 98684

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

Name of Employer GE Healthcare IT Occupation Sales Specialist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 29 / 2015

**Transaction ID : SA11AI.4278**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Aidan Willis**

Mailing Address PO Box 69636

City Portland State OR Zip Code 97239

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

Name of Employer WDC Properties Occupation Project Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11AI.4297**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

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

4200.00

**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 40
	<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)  
**Colm for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aidan Willis</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 08 / 2015	
Mailing Address PO Box 69636		<b>Transaction ID : SA11AI.4298</b>	
City Portland	State OR	Zip Code 97239	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer WDC Properties	Occupation Project Manager		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4700.00		

Full Name (Last, First, Middle Initial) <b>B. John Willis</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2015	
Mailing Address 146 Senator Street		<b>Transaction ID : SA11AI.4244</b>	
City Brooklyn	State OR	Zip Code 11220	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. Mary Willis</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2015	
Mailing Address 619 SW Arboretum Circle		<b>Transaction ID : SA11AI.4121</b>	
City Portland	State OR	Zip Code 97221	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer Providence St. Vincent's	Occupation Nurse		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4950.00
<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 24 OF 40
	<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)  
**Colm for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mary Willis**

Mailing Address 619 SW Arboretum Circle

City Portland State OR Zip Code 97221

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

Name of Employer Providence St. Vincent's Occupation Nurse

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2015

**Transaction ID : SA11AI.4289**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

Mailing Address 1010 SW Cheltenham

City Portland State OR Zip Code 97239

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : SA11AI.4262**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

Mailing Address 619 SW Arboretum Circle

City Portland State OR Zip Code 97221

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

Name of Employer Intel Occupation Business Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2015

**Transaction ID : SA11AI.4119**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

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

8100.00

**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 40
	<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)  
**Colm for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Willis**

Mailing Address 619 SW Arboretum Circle

City Portland State OR Zip Code 97221

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

Name of Employer Intel Occupation Business Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 26 / 2015

**Transaction ID : SA11AI.4291**

Amount of Each Receipt this Period  
2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Randy Young**

Mailing Address 4055 Serango Court

City West Linn State OR Zip Code 97068

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

Name of Employer Morgan Stanley Occupation Financial Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : SA11AI.4406**

Amount of Each Receipt this Period  
250.00

Memo Item

**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

Amount of Each Receipt this Period

Memo Item

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

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

2950.00

41339.38

**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 40
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Colm Willis**

Mailing Address PO Box 893

City Stayton State OR Zip Code 97383

FEC ID number of contributing federal political committee. **C H6OR05143**

Name of Employer Willis Law, LLC Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2015

**Transaction ID : SA11D.4543**

Amount of Each Receipt this Period  
250.00

Memo Item  
In-kind - Logo Design-See Memo

**B.** Full Name (Last, First, Middle Initial)  
**Colm Willis**

Mailing Address PO Box 893

City Stayton State OR Zip Code 97383

FEC ID number of contributing federal political committee. **C H6OR05143**

Name of Employer Willis Law, LLC Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015

**Transaction ID : SA11D.4545**

Amount of Each Receipt this Period  
250.00

Memo Item  
In-kind - Photography - See Memo

**C.** Full Name (Last, First, Middle Initial)  
**Colm Willis**

Mailing Address PO Box 893

City Stayton State OR Zip Code 97383

FEC ID number of contributing federal political committee. **C H6OR05143**

Name of Employer Willis Law, LLC Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
510.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2015

**Transaction ID : SA11D.4547**

Amount of Each Receipt this Period  
10.00

Memo Item

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

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

510.00

**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 40
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Colm Willis**

Mailing Address PO Box 893

City Stayton State OR Zip Code 97383

FEC ID number of contributing federal political committee. **C H6OR05143**

Name of Employer Willis Law, LLC Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**585.57**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015

**Transaction ID : SA11D.4549**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **75.57**

Memo Item  
 In-kind - Cell Phone-Vendor Does not Require Itemization

**B.** Full Name (Last, First, Middle Initial)  
**Colm Willis**

Mailing Address PO Box 893

City Stayton State OR Zip Code 97383

FEC ID number of contributing federal political committee. **C H6OR05143**

Name of Employer Willis Law, LLC Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**636.42**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2015

**Transaction ID : SA11D.4551**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **50.85**

Memo Item  
 In-kind - Online Service -Vendor Does not Require Itemization

**C.** Full Name (Last, First, Middle Initial)  
**Colm Willis**

Mailing Address PO Box 893

City Stayton State OR Zip Code 97383

FEC ID number of contributing federal political committee. **C H6OR05143**

Name of Employer Willis Law, LLC Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**678.88**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015

**Transaction ID : SA11D.4553**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **42.46**

Memo Item  
 In-kind - Printing-Vendor Does not Require Itemization

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

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

\_\_\_\_\_ **168.88**

\_\_\_\_\_

**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 40
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Colm Willis**

Mailing Address PO Box 893

City Stayton State OR Zip Code 97383

FEC ID number of contributing federal political committee. **C H6OR05143**

Name of Employer Willis Law, LLC Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **718.47**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

**Transaction ID : SA11D.4555**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 39.59

Memo Item  
 In-kind - Postage-Vendor Does not Require Itemization

**B.** Full Name (Last, First, Middle Initial)  
**Colm Willis**

Mailing Address PO Box 893

City Stayton State OR Zip Code 97383

FEC ID number of contributing federal political committee. **C H6OR05143**

Name of Employer Willis Law, LLC Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **734.69**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2015

**Transaction ID : SA11D.4557**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 16.22

Memo Item  
 In-kind - Printing-Vendor Does not Require Itemization

**C.** Full Name (Last, First, Middle Initial)  
**Colm Willis**

Mailing Address PO Box 893

City Stayton State OR Zip Code 97383

FEC ID number of contributing federal political committee. **C H6OR05143**

Name of Employer Willis Law, LLC Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **776.68**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2015

**Transaction ID : SA11D.4559**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 41.99

Memo Item  
 In-kind - Printing-Vendor Does not Require Itemization

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

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

\_\_\_\_\_ 97.80

\_\_\_\_\_



**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 30 OF 40			
	<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)  
**Colm for Congress**

**A. Casey Hill Photography**

Full Name (Last, First, Middle Initial)  
Mailing Address 1642 SW 58th Ave

City Portland State OR Zip Code 97221

Purpose of Disbursement 11/5 Willis In-Kind-Photography Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 05 / 2015

Amount of Each Disbursement this Period: 250.00

Memo Item

Transaction ID : SB17.4573

**B. Jason Conger**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 8009

City Bend State OR Zip Code 97708

Purpose of Disbursement In-kind - Donor List

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 11 / 2015

Amount of Each Disbursement this Period: 1500.00

Memo Item

Transaction ID : SB17.4425

**C. Deluxe for Business**

Full Name (Last, First, Middle Initial)  
Mailing Address 6345 Boul Couture

City Montreal, QC State ZZ Zip Code H1P3J5

Purpose of Disbursement 10/27 Willis-In-Kind-Logo Design

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 27 / 2015

Amount of Each Disbursement this Period: 250.00

Memo Item

Transaction ID : SB17.4571

**SUBTOTAL** of Disbursements This Page (optional)..... 1500.00

**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 31 OF 40			
	<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)  
**Colm for Congress**

Full Name (Last, First, Middle Initial) <b>A. Casey Hill</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 1642 SW 58th Ave		Amount of Each Disbursement this Period 250.00
City Portland	State OR	
Zip Code 97221	Purpose of Disbursement In-kind - Logo Design	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.4446</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shawn Lindsay</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 244 NE 72nd Place		Amount of Each Disbursement this Period 276.69
City Hillsboro	State OR	
Zip Code 97124	Purpose of Disbursement In-kind - Donor List	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.4426</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Austin Mclaughlin</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 42 Lagrange Street, Unit 1		Amount of Each Disbursement this Period 1212.69
City West Roxbury	State MA	
Zip Code 02132	Purpose of Disbursement In-kind - Online Services-Web Design	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.4455</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1739.38
<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 32 OF 40	
	<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)  
**Colm for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Select Impressions</b>		M M / D D / Y Y Y Y 12 / 16 / 2015	
Mailing Address 2215 Claxter Road NE		Amount of Each Disbursement this Period	
City Salem State OR Zip Code 97301		2230.30	
Purpose of Disbursement Printing		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : SB17.4530	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016	
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Stripe.com</b>		M M / D D / Y Y Y Y 12 / 28 / 2015	
Mailing Address 3180 18th St		Amount of Each Disbursement this Period	
City San Francisco State CA Zip Code 94110		3.20	
Purpose of Disbursement Credit Card Processing Fees		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : SB17.4507	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016	
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>c. Stripe.com</b>		M M / D D / Y Y Y Y 12 / 28 / 2015	
Mailing Address 3180 18th St		Amount of Each Disbursement this Period	
City San Francisco State CA Zip Code 94110		1.17	
Purpose of Disbursement Credit Card Processing Fees		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : SB17.4508	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016	
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2234.67
<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 33 OF 40	
	<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)  
**Colm for Congress**

Full Name (Last, First, Middle Initial) <b>A. Stripe.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 29.30
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fees		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4509</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Stripe.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fees		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4511</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Stripe.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Credit Card Processing Fees		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4512</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	40.05
<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 34 OF 40			
	<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)  
**Colm for Congress**

Full Name (Last, First, Middle Initial) <b>A. Stripe.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.4513</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.4515</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Stripe.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 0.88
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.4517</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.66
<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 35 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Colm for Congress**

Full Name (Last, First, Middle Initial) <b>A. Stripe.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.4518</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 1.75
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.4519</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Stripe.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.4520</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8.15
<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 36 OF 40	
	<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)  
**Colm for Congress**

Full Name (Last, First, Middle Initial) <b>A. Stripe.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.4521</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.4522</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Stripe.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 3.20
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.4523</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13.95
<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 37 OF 40			
	<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)  
**Colm for Congress**

Full Name (Last, First, Middle Initial) <b>A. Colm Willis</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address PO Box 893		Amount of Each Disbursement this Period 250.00
City Stayton	State OR	
Zip Code 97383	Purpose of Disbursement In-kind - Logo Design-See Memo	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.4544</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR	District: 05	

Full Name (Last, First, Middle Initial) <b>B. Colm Willis</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address PO Box 893		Amount of Each Disbursement this Period 250.00
City Stayton	State OR	
Zip Code 97383	Purpose of Disbursement In-kind - Photography - See Memo	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.4546</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR	District: 05	

Full Name (Last, First, Middle Initial) <b>C. Colm Willis</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address PO Box 893		Amount of Each Disbursement this Period 75.57
City Stayton	State OR	
Zip Code 97383	Purpose of Disbursement In-kind - Cell Phone-Vendor Does not Require Itemization	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.4550</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR	District: 05	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	575.57
<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 38 OF 40	
	<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)  
**Colm for Congress**

Full Name (Last, First, Middle Initial) <b>A. Colm Willis</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2015
Mailing Address PO Box 893		Amount of Each Disbursement this Period 50.85
City Stayton State OR Zip Code 97383	Purpose of Disbursement In-kind - Online Service -Vendor Does not Require Itemization	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4552</b>

Full Name (Last, First, Middle Initial) <b>B. Colm Willis</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015
Mailing Address PO Box 893		Amount of Each Disbursement this Period 42.46
City Stayton State OR Zip Code 97383	Purpose of Disbursement In-kind - Printing-Vendor Does not Require Itemization	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4554</b>

Full Name (Last, First, Middle Initial) <b>C. Colm Willis</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address PO Box 893		Amount of Each Disbursement this Period 39.59
City Stayton State OR Zip Code 97383	Purpose of Disbursement In-kind - Postage-Vendor Does not Require Itemization	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4556</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	132.90
<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 39 OF 40	
	<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)  
**Colm for Congress**

Full Name (Last, First, Middle Initial) <b>A. Colm Willis</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address PO Box 893		Amount of Each Disbursement this Period 16.22
City Stayton State OR Zip Code 97383	Purpose of Disbursement In-kind - Printing-Vendor Does not Require Itemization	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4558</b>

Full Name (Last, First, Middle Initial) <b>B. Colm Willis</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address PO Box 893		Amount of Each Disbursement this Period 41.99
City Stayton State OR Zip Code 97383	Purpose of Disbursement In-kind - Printing-Vendor Does not Require Itemization	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4560</b>

Full Name (Last, First, Middle Initial) <b>C. Colm Willis</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2015
Mailing Address PO Box 893		Amount of Each Disbursement this Period 14.70
City Stayton State OR Zip Code 97383	Purpose of Disbursement In-kind - Postage-Vendor Does not Require Itemization	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4562</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	72.91
<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 40 OF 40			
	<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)  
**Colm for Congress**

Full Name (Last, First, Middle Initial) <b>A. Colm Willis</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address PO Box 893		Amount of Each Disbursement this Period 19.60
City Stayton State OR Zip Code 97383	Purpose of Disbursement In-kind - Postage-Vendor Does not Require Itemization	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4564</b>

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	19.60
<b>TOTAL</b> This Period (last page this line number only).....	6340.84