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Image# 201509189002756146

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X Fo	or Other Than An Autl	norized Committee	Office	Use Only
1. NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
SVB Financial Group Pa	AC		<u> </u>	
		1 1 1 1 1 1 1 1 1		
ADDRESS (number and street)	3005 Tasman Dr			
Check if different than previously reported. (ACC)	Santa Clara		CA 950	054
2. FEC IDENTIFICATION NUM	MBER ▼ CIT	YA	STATE A	ZIP CODE ▲
C C00333658		S THIS EPORT X (N) OF	AMENDE (A)	ED.
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 July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	Report Due On: Mar Apr (c) 12-Day PRE-Election Report for the:	General (30G)	Sep 20 (M9	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
5. Covering Period 08	01 2015	through 08	31 2	2015
I certify that I have examined this Type or Print Name of Treasurer	Report and to the best of Rebecca Olson	my knowledge and belief it is	true, correct and comp	olete.
Signature of Treasurer Rebecc	a Olson	[Electronically Filed]	Date 09	17 / Y Y Y Y Y Y 2015
NOTE: Submission of false, erroned Office	ous, or incomplete information	n may subject the person signing		
Use Only				EC FORM 3X Rev. 12/2004

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **SVB Financial Group PAC** 80 2015 08 2015 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 16197.51 January 1, 2015 (b) Cash on Hand at 33732.66 Beginning of Reporting Period..... 26056.81 321.66 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 34054.32 42254.32 6(a) and 6(c) for Column B)..... 1000.00 9200.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 33054.32 33054.32 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) 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 3X (Rev. 06/2004)

Write or Type Committee Name

SVB	Financial	Group	PAC
------------	-----------	-------	-----

Report Covering the Period: From: 08	01 2015	To: 08 31 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	Total Tills I criod	Culcitati Teal to Bate
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	230.00	21775.00
(") 11 · 12 · · · · · · · · ·	04.00	3281.8 ⁻
(ii) Unitemized	91.66	3201.0
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	321.66	25056.8 ³
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.0
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	 	
Totals to Line 33, page 5)▶	321.66	25056.81
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
1. Loop Popolyments Popolysed	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	1000.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds	7 7 7	7
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
,		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b)) 9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	321.66	26056
O. Total Federal Receipts	224 66	20050
(subtract Line 18(c) from Line 19)▶	321.66	26056.8

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Calcillati Teat-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non Fodoval Chave	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00
Transfers to Affiliated/Other Party		0.00
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	1000.00	9200.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	7	5.55
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
man Folitical Committees	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 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) III antiall Ob ana	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1000.00	9200.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	1000.00	9200.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	321.66	25056.81
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	321.66	25056.81
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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) SVB Financial Group PAC Full Name (Last, First, Middle Initial) Julie Haga Date of Receipt Mailing Address 3003 Tasman Dr 04 2015 08 City State Zip Code Transaction ID: 11AI-897 CA Santa Clara 95054 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation **SVB Financial Group** Director, IT Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Calendar Year Full Name (Last, First, Middle Initial) B. Julie Haga Date of Receipt Mailing Address 3003 Tasman Dr 80 25 2015 City State Zip Code Transaction ID: 11AI-905 CA Santa Clara 95054 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation **SVB Financial Group** Director, IT Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Cálendar Year Full Name (Last, First, Middle Initial) c. Christie Ma Date of Receipt Mailing Address 3003 Tasman Dr 80 04 2015 City State Zip Code Transaction ID: 11AI-898 CA Santa Clara 95054 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation SVB Financial Group Attorney Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Calendar Year 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FO	R LINE	NUMBE	₹:	PAGE	7	OF	9
(ch	eck only	one)					
>	1 1a	11b		11c	12		
	13	14		15	16		17

<u> </u>	using the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	^	
SVB Financial Group PA	<u> </u>	
Full Name (Last, First, Middle Initial) Christie Ma	Date of Receipt	
Mailing Address 3003 Tasman Dr		08 25 2015
City	State Zip Code	Transaction ID : 11AI-906
Santa Clara	CA 95054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
SVB Financial Group	Attorney	
Receipt For: 2015	Aggregate Year-to-Date ▼	1
Primary General	7.99.99810 708.10 2010 7	
Other (specify) ▼ Calendar Year	300.00	
Full Name (Last, First, Middle Initial) Robert Marks		Date of Receipt
Mailing Address 3003 Tasman Dr		08 04 2015
City	State Zip Code	Transaction ID : 11AI-899
Santa Clara	CA 95054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	1
SVB Financial Group	EUS Manager	
Receipt For: 2015 Primary General Other (specify) Calendar Year	Aggregate Year-to-Date ▼ 345.00	
Full Name (Last, First, Middle Initial) Robert Marks	<u> </u>	Data of Possint
Mailing Address 3003 Tasman Dr		Date of Receipt
City	State Zip Code	08 25 2015
Santa Clara	CA 95054	Transaction ID : 11AI-907 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	-
SVB Financial Group	EUS Manager	-
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼ Calendar Year	345.00	
SUBTOTAL of Receints This Page (on	tional)	70.00
TELESTINE OF THE PROPERTY AND THE PROPER		
OTAL This Period (last page this line	number only)	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

_	LINE	_		:	PAGE	8	OF	9
(che	ck only	or	ne)					
X	11a		11b		11c	12	2	
	13		14		15	16	6	17

	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
SVB Financial Group PAC		
Full Name (Last, First, Middle Initial) A. Robert Vogelsang		Date of Receipt
Mailing Address 3005 Tasman Dr		08 04 2015
City	State Zip Code	Transaction ID : 11AI-902
Santa Clara	CA 95054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	7
SVB Financial Group	Senior Advisor	
Receipt For: 2015	Aggregate Year-to-Date ▼]
Primary General		
Other (specify) Calendar Year	300.00	
Full Name (Last, First, Middle Initial) Robert Vogelsang		Date of Receipt
Mailing Address 3005 Tasman Dr		08 25 2015
City	State Zip Code	Transaction ID : 11AI-910
Santa Clara	CA 95054	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	[C]	20.00
Name of Employer	Occupation	
SVB Financial Group	Senior Advisor	1
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼ Calendar Year	300.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M - M / D - D / Y - Y - Y
City	State Zip Code	Amount of Each Passint this Pariet
FEC ID number of contributing	C	Amount of Each Receipt this Period
federal political committee.		-
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼		
SUBTOTAL of Receipts This Page (optional).		40.00
TOTAL This Period (last page this line number	er only)	230.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting committee. ANAME OF COMMITTEE (In Full) SVB Financial Group PAC Full Name (Last, First, Middle Initial) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Full) SVB Financial Group PAC Full Name (Last, First, Middle Initial) Any Wyden for Senate Mailing Address 232 NE 9th Avenue City State Zip Code Portland OR 97232 Transaction ID : 23-79 Amount of Each Disbursement this Period Cardidate Name Ronald Wyden Office Sought: President State Zip Code Primary General Other (specify) Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Cardidate Name Cardidate Name Cardidate Name Office Sought: President Other (specify) Full Name (Last, First, Middle Initial) City State Zip Code Primary General Other (specify) Full Name (Last, First, Middle Initial) Cardidate Name Cardidate Name Office Sought: President Other (specify) Full Name (Last, First, Middle Initial) Cardidate Name Ca	SCHEDULE B (FEC Form 3X)	Hee consusts as bright (1)	FOR LINE	PAGE 9 OF 9			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SVB Financial Group PAC Full Name (Last, Frst, Middle Initial) A. Wyden for Senate Mailing Address 232 NE 9th Avenue City Purpose of Disbursement Political Contribution Candidate Name Condidate Name Category' Purpose of Disbursement Candidate Name Category' Purpose of Disbursement Candidate Name Office Sought: District: Full Name (Last, Frst, Middle Initial) A. Worden Office Sought: District: Full Name (Last, Frst, Middle Initial) A. Worden Office Sought: District: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: District: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: District: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: Full Name (Last, Frst, Middle Initial) Category' Type Office Sought: House Disbursement For: Category' Type Office Sought: House Disbursement For: Category' Type Office Sought: Full Name Category' Type Office Sought: House Disbursement For: Category' Type Office Sought: Full Name Category' Type Office Sought: House Disbursement For: Category' Type Office Sought: Full Name Category' Type Office Sought: House Disbursement For: Category' Type Office Sought: Full Name Category' Type Office Sought: Dissursement For: Category' Type Office Sought: Full Name Cate	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	· _ ·	,	□ 24 □ 05 □ CC		
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) SVB Financial Group PAC Full Name (Last, First, Middle Initial) 4. Wyden for Senate Mailing Address City State Zip Code Portland OR 97232 Purpose of Disbursement Political Contribution Cardagary Type Office Sought: House Senate Primary General Category Type Office Sought: House Senate Primary General Category Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Candidate Name Category Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Candidate Name Category Type Office Sought: House Senate Primary General Other (specify) ▼ State: Zip Code Purpose of Disbursement Candidate Name Category Type Office Sought: House Senate Primary General Other (specify) ▼ State: Zip Code Purpose of Disbursement Candidate Name Category Type Office Sought: House Senate Primary General District: Amount of Each Disbursement this Period Category Type Office Sought: House Senate Primary General District: Amount of Each Disbursement this Period Category Type Office Sought: House Senate Primary General District: Amount of Each Disbursement this Period Category Type Office Sought: House Senate Primary General District: Amount of Each Disbursement this Period Category Type Office Sought: House Senate Primary General Office Sought: House Sen							
NAME OF COMMITTEE (in Full) SVB Financial Group PAC Full Name (Last, First, Middle Initial) A. Wyden of Senate Mailing Address City Portland Office Sought: Full Name (Last, First, Middle Initial) Mailing Address City State Primary General Prisident Candidate Name Candi							
SVB Financial Group PAC Full Name (Last, First, Middle Initial) A. Wyden for Senate Mailing Address City State Zip Code OR 97232 Purpose of Disbursement Porticand Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Disbursement For: 2016 Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Office Sought: House Disbursement For: 2016 Candidate Name Category/ Office Sought: House Disbursement For: 2016 Senate President State: Disbursement Candidate Name Category/ Office Sought: House Disbursement For: 2016 Senate President State: District: Full Name (Last, First, Middle Initial) Candidate Name Category/ Type Date of Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Category/ Type Date of Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Category/ Type Office Sought: House Disbursement For: 2016 Candidate Name Office Sought: House Disbursement For: 2016 Senate President Disbursement Category/ Type Office Sought: House Disbursement Port Senate Primary General Primary General Primary General Primary General Primary General Disbursement Disburse	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	o and address of any politic	ar committee to	Solicit Contribution	o nom guon comiliillee.		
A Wyden for Senate Mailing Address 232 NE 9th Avenue City State Zip Code Portland OR 97232 Pripose of Disbursement Political Contribution Candidate Name Ronald Wyden Office Sought: House President State Zip Code Purpose of Disbursement For: 2016 State: OR District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Senate President Other (specify) ▼ Date of Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate President Other (specify) ▼ Category/ Type Office Sought: House Senate President Other (specify) ▼ Date of Disbursement this Period Category/ Type Office Sought: House Senate President Other (specify) ▼ Date of Disbursement this Period Category/ Type Office Sought: House Senate President Other (specify) ▼ Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type District: Senate President Other (specify) ▼ State: District: Senate Primary General Primary Genera	SVB Financial Group PAC						
City Portland City Portland OR 97232 Purpose of Disbursement Political Contribution Office Sought: Full Name (Last, First, Middle Initial) City Sanate President Other (specify) Full Name (Last, First, Middle Initial) City Sanate President Other (specify) Full Name (Last, First, Middle Initial) City Sanate President Other (specify) Full Name (Last, First, Middle Initial) City Sanate President Other (specify) Full Name (Last, First, Middle Initial) City Sanate President Other (specify) Type Office Sought: House Sanate Primary General Other (specify) Type Office Sought: House Sanate Primary General Other (specify) Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Type T				Data of Diabura	oment		
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Portland	Mailing Address 232 NE 9th Avenue	Mailing Address 232 NE 9th Avenue					
Portionand OR 9/232 Purpose of Disbursement Political Contribution Candidate Name Ronald Wyden Office Sought:				Transaction IF) · 23-70		
Political Contribution Candidate Name Ronald Wyden Office Sought: State: OR District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: State Disbursement Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: State Disbursement For: Sanate Primary General Other (specify) Furpose of Disbursement Category/ Type Office Sought: Sanate President Disbursement For: Sanate Primary General Other (specify) Type		OR 97232		Transaction is) . 23-1 3		
Ronald Wyden Office Sought:			011	Amount of Each	Disbursement this Period		
Office Sought: House Senate President State: OR District: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: Senate President Other (specify) ▼ Date of Disbursement this Period Category/ Type					1000.00		
Senate President Other (specify) State: OR District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President Other (specify) State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Office Sought: Sonate President Other (specify) Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Office Sought: State Tip Code Purpose of Disbursement Category/ Type Office Sought: House Other (specify) State Tip Code Purpose of Disbursement Category/ Type Office Sought: House Other (specify) Office Sought: Other (specify) Oth		pent For: 2016	Туре	7	100000		
State: OR District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Primary General Purpose of Disbursement State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement For: General Primary General Pr							
B. Date of Disbursement		Other (specify) ▼					
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Primary General Office Sought: House Primary General Office Sought: House Primary General Office Sought: District: Substortal of Disbursements This Page (optional)							
City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement For: General Other (specify) ▼ Date of Disbursement Category/ Type Date of Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Date of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: General Other (specify) ▼ Substraction General Other (specify) ▼ 1000.00				Date of Dishure	ement		
Tity State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement Category/ Type Office Sought: House Primary General Other (specify) ▼ Senate Primary General Other (specify) ▼ Substitute District: Other (specify) ▼ Substitute District: District: Substitute District: 1000.00	5.						
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