

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Colm for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="43691.00"/>	<input type="text" value="94291.36"/>
(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="43691.00"/>	<input type="text" value="94291.36"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="16396.43"/>	<input type="text" value="23211.30"/>
(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="16396.43"/>	<input type="text" value="23211.30"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="71080.06"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<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: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25813.00	67152.38
(ii) Unitemized.....	9878.00	18328.00
(iii) TOTAL of contributions from individuals ▶	35691.00	85480.38
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	8000.00	8000.00
(d) The Candidate.....	0.00	810.98
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	43691.00	94291.36
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	43691.00	94291.36

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16396.43	23211.30
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	16396.43	23211.30

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	43785.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	43691.00
25. SUBTOTAL (add Line 23 and Line 24).....	87476.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16396.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	71080.06

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

Form/Schedule: F3A
Transaction ID :

Please Note - This report is being amended to properly report the PAC contribution from Right to Life/Oregon PAC.

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: (check only one)	PAGE 6 OF 39
	<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)
Christine Barreto

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
Barreto Manufacturing Corporate Secretary

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
 03 / 29 / 2016

Transaction ID : SA11AI.4889

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 7435 SW Canyon Drive

City State Zip Code
Portland OR 97225

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

Name of Employer Occupation
Self-Employed Contractor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2016

Transaction ID : SA11AI.4811

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 9114 nw benson ct

City State Zip Code
Portland OR 97229

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

Name of Employer Occupation
Cedar Mountain Advisors Registered Office Assistant

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
 03 / 31 / 2016

Transaction ID : SA11AI.4928

Amount of Each Receipt this Period
50.00

Memo Item

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

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

1250.00

**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 39
	<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 Brown

Mailing Address 6463 Drexel Road

City Philadelphia State PA Zip Code 19151

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

Name of Employer NOM Occupation Director

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
 03 / 31 / 2016

Transaction ID : SA11AI.4924

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Tom Call

Mailing Address 18860 S Deer Lane

City Oregon City State OR Zip Code 97045

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

Name of Employer Vata Inc. Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2016

Transaction ID : SA11AI.4733

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Francis Cannon

Mailing Address 6217 Lee highway

City Arlington State VA Zip Code 22205

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

Name of Employer American Principles Project Occupation President

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
 02 / 25 / 2016

Transaction ID : SA11AI.4698

Amount of Each Receipt this Period
350.00

Memo Item

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

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

2850.00

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

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

FOR LINE NUMBER: PAGE 8 OF 39
(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)
Jerry Carleton

Mailing Address 11277 NW Malia Lane

City Portland State OR Zip Code 97229

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

Name of Employer Deen Mobility Co. Occupation Business Developer

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
 01 / 01 / 2016

Transaction ID : SA11AI.4577

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Seth Colton

Mailing Address 368 Strasburg Drive

City Simpsonville State SC Zip Code 29681

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

Name of Employer The Lukens Company Occupation Director of Political Services

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
 03 / 31 / 2016

Transaction ID : SA11AI.4917

Amount of Each Receipt this Period
250.00

Memo Item

C. 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
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4925

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: PAGE 9 OF 39
(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)
Nedora Counts

Mailing Address 1581 Matheny Road

City State Zip Code
Gervais OR 97026

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
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 16 2016

Transaction ID : SA11AI.4668

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Marie d'Ermengard

Mailing Address 1066 SW Cook Lane

City State Zip Code
Tigard OR 97223

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
230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 18 2016

Transaction ID : SA11AI.4785

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 1040 SW Westwood Ct.

City State Zip Code
Portland OR 97239

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

Name of Employer Occupation
Archdiocese of Portland Director

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
 03 29 2016

Transaction ID : SA11AI.4876

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).....

480.00

**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 39
	<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)
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
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2016

Transaction ID : SA11AI.4818

Amount of Each Receipt this Period
1000.00

Memo Item

B. 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
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2016

Transaction ID : SA11AI.4720

Amount of Each Receipt this Period
200.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Maureen Fimpler

Mailing Address 3248 Grand View Blvd

City Los Angeles State CA Zip Code 90066

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

Name of Employer Cedars Sinai Hospital Occupation Nurse

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
 03 / 04 / 2016

Transaction ID : SA11AI.4726

Amount of Each Receipt this Period
50.00

Memo Item

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 39
	<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
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 22 / 2016

Transaction ID : SA11AI.4692

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Margaret Furlong Alexander

Mailing Address 445 Leffelle Street S.

City State Zip Code
Salem OR 97302

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

Name of Employer Occupation
Margaret Furlong Designs 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
02 / 17 / 2016

Transaction ID : SA11AI.4678

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Tim Gavin

Mailing Address 21 Crescent Street

City State Zip Code
Weston MA 12493

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

Name of Employer Occupation
FactSet Senior Vice 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
01 / 08 / 2016

Transaction ID : SA11AI.4591

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).....

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 39
	<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)
Tim Gavin

Mailing Address 21 Crescent Street

City Weston State MA Zip Code 12493

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

Name of Employer FactSet Occupation Senior Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11AI.4863

Amount of Each Receipt this Period
400.00

Memo Item

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

Mailing Address 103 Bryant Road

City Turnersville State NJ Zip Code 18012

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

Name of Employer Heritage Foundation Occupation 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
 02 / 24 / 2016

Transaction ID : SA11AI.4696

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Tom Hammer

Mailing Address 23701 Wallace Road NW

City Salem State OR Zip Code 97304

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

Name of Employer Self Occupation Farmer

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
 02 / 10 / 2016

Transaction ID : SA11AI.4644

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).....

900.00

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

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

FOR LINE NUMBER: PAGE 13 OF 39
(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)
Tom Hammer

Mailing Address 23701 Wallace Road NW

City Salem State OR Zip Code 97304

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

Name of Employer Self Occupation Farmer

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
 02 / 19 / 2016

Transaction ID : SA11AI.4683

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Tom Hammer

Mailing Address 23701 Wallace Road NW

City Salem State OR Zip Code 97304

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

Name of Employer Self Occupation Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2016

Transaction ID : SA11AI.4746

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Tom Hammer

Mailing Address 23701 Wallace Road NW

City Salem State OR Zip Code 97304

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

Name of Employer Self Occupation Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11AI.4864

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).....

_____ 450.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 14 OF 39

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NAME OF COMMITTEE (In Full)
Colm for Congress

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

Mailing Address 32722 Peoria Road

City Albany State OR Zip Code 97321

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

Name of Employer Voxel Nanophotonics Occupation 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
 02 / 07 / 2016

Transaction ID : SA11AI.4628

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Ed Harri

Mailing Address 486 Holmes Ct SE

City Salem State OR Zip Code 97302-4721

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

Name of Employer Edward Hari Attorney at Law Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2016

Transaction ID : SA11AI.4636

Amount of Each Receipt this Period
 200.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Ed Harri

Mailing Address 486 Holmes Ct SE

City Salem State OR Zip Code 97302-4721

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

Name of Employer Edward Hari Attorney at Law Occupation Attorney

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
 03 / 31 / 2016

Transaction ID : SA11AI.4932

Amount of Each Receipt this Period
 100.00

Memo Item

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 15 OF 39
(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)
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
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.4926

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Jay Jamieson

Mailing Address 557 Joseph Ct.

City State Zip Code
Salem OR 97302

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

Name of Employer Occupation
WVP Medical Clinics 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
02 / 09 / 2016

Transaction ID : SA11AI.4640

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 8913 Cincinnati-Dayton Rd.

City State Zip Code
West Chester OH 45069

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

Name of Employer Occupation
Langdon Law LLC 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
03 / 29 / 2016

Transaction ID : SA11AI.4887

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).....

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 39
	<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)
Sally Layton Hill

Mailing Address 1 Goya

City State Zip Code
Lake Oswego OR 97035

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
03 / 17 / 2016

Transaction ID : SA11AI.4769

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Donald Leblanc

Mailing Address 5270 Windsor Terrace

City State Zip Code
West Linn OR 97068

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

Name of Employer Occupation
Darigold Human Resources

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
03 / 08 / 2016

Transaction ID : SA11AI.4736

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 244 NE 72nd Place

City State Zip Code
Hillsboro OR 97124

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

Name of Employer Occupation
Harris Berne Christensen Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
376.69

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 06 / 2016

Transaction ID : SA11AI.4589

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL 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 17 OF 39
	<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 Maag

Mailing Address 13010 SW Princeton Court

City Lake Oswego State OR Zip Code 97035

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

Name of Employer Boardman Foods Inc. Occupation 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
 01 / 25 / 2016

Transaction ID : SA11AI.4614

Amount of Each Receipt this Period
1000.00

Memo Item

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
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4953

Amount of Each Receipt this Period
1250.00

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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4933

Amount of Each Receipt this Period
1250.00

Memo Item

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

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

3500.00

**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 39
	<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 State Zip Code
Tigard OR 97223

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

Name of Employer Occupation
Student Student

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
03 / 18 / 2016

Transaction ID : SA11AI.4786

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mary Ann Meredith

Mailing Address 47465 Lyons-Mill City Drive

City State Zip Code
Lyons OR 97358

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
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : SA11AI.4848

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
M Vincent Mesa

Mailing Address 6710 SW Gable Pkwy

City State Zip Code
Portland OR 97225

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

Name of Employer Occupation
Mesa Clinical Laboratories 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
01 / 01 / 2016

Transaction ID : SA11AI.4580

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).....

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 39
	<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 Middlekauff

Mailing Address P.O. Box 1426

City Roseburg State OR Zip Code 97470

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

Name of Employer Self Employed Occupation Registered Nurse

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
03 / 29 / 2016

Transaction ID : SA11AI.4877

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Carly Miller

Mailing Address 504 East 11th Street

City Ellis State KS Zip Code 66737

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

Name of Employer Paint the Towne LLC Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.4915

Amount of Each Receipt this Period
75.00

Memo Item

C. 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 **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : SA11AI.4731

Amount of Each Receipt this Period
100.00

Memo Item

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

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

225.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 39
	<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)
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 **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : SA11AI.4689

Amount of Each Receipt this Period
 100.00

Memo Item

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

Mailing Address 13148 SW Broadmoor Place

City Tigard State OR Zip Code 97223

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

Name of Employer Apex Laboratories Occupation Financial Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11AI.4774

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 6561 Artemis Ln.

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 **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2016

Transaction ID : SA11AI.4800

Amount of Each Receipt this Period
 500.00

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: (check only one)	PAGE 21 OF 39
	<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)
Steve Persechetti

Mailing Address 1221 SW Yamhill, STE 310

City Portland State OR Zip Code 97205

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

Name of Employer Downtown Dental Associates Occupation Dentist

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
 03 / 26 / 2016

Transaction ID : SA11AI.4859

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 7935 SW Broadmoor Terrace

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
 03 / 21 / 2016

Transaction ID : SA11AI.4807

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Bill Puntney

Mailing Address 249 Chemeketa Street NE

City Salem State OR Zip Code 97301

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

Name of Employer Clayton-Ward Recycling Occupation 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
 02 / 13 / 2016

Transaction ID : SA11AI.4663

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).....

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 39
	<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)
Bill Puntney

Mailing Address 249 Chemeketa Street NE

City Salem State OR Zip Code 97301

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

Name of Employer Clayton-Ward Recycling Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.4907

Amount of Each Receipt this Period
 300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mary Rigert

Mailing Address 7972 SW Red Sunset Lane

City Beaverton State OR Zip Code 97007

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 **950.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11AI.4775

Amount of Each Receipt this Period
 750.00

Memo Item

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

Mailing Address 7972 SW Red Sunset Lane

City Beaverton State OR Zip Code 97007

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 **1950.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.4853

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).....

2050.00

**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 39
	<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)
John Robinson

Mailing Address 6548 Artemis Ct.

City West Linn State OR Zip Code 97068

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

Name of Employer FLIR Systems Inc. Occupation Federal Agency Sales 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
 03 / 22 / 2016

Transaction ID : SA11AI.4826

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Anjali Rosenbloom

Mailing Address P.O. Box 292

City Port Hadlock State WA Zip Code 98339

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016

Transaction ID : SA11AI.4604

Amount of Each Receipt this Period
300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Riley Scott

Mailing Address 4517 Nicklaus Dr

City Lawrence State KS Zip Code 66047

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

Name of Employer Scott Consulting LLC Occupation Principal

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
 02 / 19 / 2016

Transaction ID : SA11AI.4680

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).....

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 39
	<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)
Gayle Strawn

Mailing Address 6485 Nesting Place SE

City Salem State OR Zip Code 97317

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

Name of Employer Richard A. Strawn Construction Occupation Bookkeeper

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11AI.4780

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 12126 SE Nella Way

City Happy Valley State OR Zip Code 97086-9796

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

Name of Employer Drayage Company Occupation President

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
 02 / 13 / 2016

Transaction ID : SA11AI.4661

Amount of Each Receipt this Period
200.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Bill Toffler

Mailing Address 1010 SW Cheltenham Street

City Portland State OR Zip Code 97229

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

Name of Employer OHSU Occupation Doctor

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
 03 / 19 / 2016

Transaction ID : SA11AI.4801

Amount of Each Receipt this Period
500.00

Memo Item

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

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

900.00

**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 39
	<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 **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2016

Transaction ID : SA11AI.4755

Amount of Each Receipt this Period
 300.00

Memo Item

B. 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 **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.4896

Amount of Each Receipt this Period
 100.00

Memo Item

C. 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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.4910

Amount of Each Receipt this Period
 100.00

Memo Item

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 39
	<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) A. Steve Wagner		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 01 / 2016
Mailing Address 410 Constitution Ave NE		Transaction ID : SA11AI.4714
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period _____ 250.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation QEV Analytics President	<input type="checkbox"/> Memo Item
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. Mary Walsh		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 19 / 2016
Mailing Address 1911 NE Siskiyou Street		Transaction ID : SA11AI.4803
City State Zip Code Portland OR 97212	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Retired Retired	<input type="checkbox"/> Memo Item
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) C. Ann Willis		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 21 / 2016
Mailing Address 624 SW Arboretum Circle		Transaction ID : SA11AI.4808
City State Zip Code Portland OR 97221	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Retired Retired	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00	

SUBTOTAL of Receipts This Page (optional).....	_____ 350.00
TOTAL 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 27 OF 39
	<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)
Emily Willis

Mailing Address 146 Senator St

City State Zip Code
Brooklyn NY 11220

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

Name of Employer Occupation
Memorial Sloan Kettering Registered Nurse

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
 03 / 29 / 2016

Transaction ID : SA11AI.4874

Amount of Each Receipt this Period
350.00

Memo Item

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

Mailing Address 146 Senator Street

City State Zip Code
Brooklyn OR 11220

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

Name of Employer Occupation
Self-Employed Attorney

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
 03 / 31 / 2016

Transaction ID : SA11AI.4918

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 4055 Serango Court

City State Zip Code
West Linn OR 97068

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

Name of Employer Occupation
Morgan Stanley Financial Advisor

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
 03 / 19 / 2016

Transaction ID : SA11AI.4804

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).....

850.00

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

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

FOR LINE NUMBER: PAGE 28 OF 39
(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)
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 **958.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11Al.4944

Amount of Each Receipt this Period
458.00

Memo Item

B. 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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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 M / D D D / Y 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).....

458.00

25813.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 39
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Colm for Congress

A. Full Name (Last, First, Middle Initial)
ANDY HARRIS FOR CONGRESS

Mailing Address **PO BOX 426**

City **STEVENSVILLE** State **MD** Zip Code **21666**

FEC ID number of contributing federal political committee. **C C00435974**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : SA11C.5015

Amount of Each Receipt this Period
 _____ **1000.00** _____

Memo Item

B. Full Name (Last, First, Middle Initial)
HOUSE CONSERVATIVES FUND

Mailing Address **228 S. WASHINGTON ST., STE. 115**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00326439**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11C.4949

Amount of Each Receipt this Period
 _____ **1000.00** _____

Memo Item

C. Full Name (Last, First, Middle Initial)
RELIGHT AMERICA PAC

Mailing Address **PO BOX 2485**

City **SPRINGFIELD** State **VA** Zip Code **22152**

FEC ID number of contributing federal political committee. **C C00577676**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2016

Transaction ID : SA11C.4951

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).....

_____ **3000.00** _____

_____ _____

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

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

FOR LINE NUMBER: PAGE 30 OF 39
(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)
RIGHT TO LIFE/OREGON PAC

Mailing Address 4335 RIVER ROAD N

City SALEM State OR Zip Code 97303

FEC ID number of contributing federal political committee. **C** C00141572

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2016

Transaction ID : SA11C.4947

Amount of Each Receipt this Period
 5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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 Y

Amount of Each Receipt this Period

Memo Item

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

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

5000.00

8000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 39	
	<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) A. Alaska Airlines		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address PO Box 68900		Amount of Each Disbursement this Period 356.20
City Seattle	State WA	
Zip Code 98168	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.4954
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. Alaska Airlines		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016
Mailing Address PO Box 68900		Amount of Each Disbursement this Period 946.70
City Seattle	State WA	
Zip Code 98168	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.4956
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) C. Clackamas County Republican Party		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016
Mailing Address 612 Molalla Ave.		Amount of Each Disbursement this Period 260.00
City Oregon City	State OR	
Zip Code 97045	Purpose of Disbursement Event Tickets	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.4957
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:		

SUBTOTAL of Disbursements This Page (optional).....	1562.90
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 32 OF 39			
	<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) A. Reagan Knopp			Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2016	
Mailing Address 1100 Chemeketa St NE Apt 101			Amount of Each Disbursement this Period 600.00	
City Salem	State OR	Zip Code 97301	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Strategic Consulting		Category/Type		
Candidate Name		Transaction ID : SB17.4974		
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. Reagan Knopp			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016	
Mailing Address 1100 Chemeketa St NE Apt 101			Amount of Each Disbursement this Period 600.00	
City Salem	State OR	Zip Code 97301	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Strategic Consulting		Category/Type		
Candidate Name		Transaction ID : SB17.4975		
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) c. Reagan Knopp			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2016	
Mailing Address 1100 Chemeketa St NE Apt 101			Amount of Each Disbursement this Period 816.00	
City Salem	State OR	Zip Code 97301	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Expense Reimbursement-See Memo		Category/Type		
Candidate Name		Transaction ID : SB17.4976		
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:				

SUBTOTAL of Disbursements This Page (optional).....	2016.00
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 33 OF 39			
	<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) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2016
Mailing Address 400 Glen Creek Rd. NW		Amount of Each Disbursement this Period 675.00
City Salem	State OR	
Zip Code 97304	Purpose of Disbursement Postage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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)	Transaction ID : SB17.4976.0
State: District:		

Full Name (Last, First, Middle Initial) B. Magellan Data		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016
Mailing Address 1685 Boxelder St. #300		Amount of Each Disbursement this Period 4700.00
City Louisville	State CO	
Zip Code 80027	Purpose of Disbursement Polling/Research	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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)	Transaction ID : SB17.4966
State: District:		

Full Name (Last, First, Middle Initial) c. Oregon Liberty Alliance		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2016
Mailing Address 4335 River Road N		Amount of Each Disbursement this Period 300.00
City Keizer	State OR	
Zip Code 97303	Purpose of Disbursement Event Tickets	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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)	Transaction ID : SB17.4968
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5000.00
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 34 OF 39			
	<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) A. Oregon Secretary of State			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2016	
Mailing Address 900 Court St. NE Capitol Room 136			Amount of Each Disbursement this Period 2500.00	
City Salem	State OR	Zip Code 97310	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Filing Fee		Category/ Type	Transaction ID : SB17.4971	
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)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Salem Blue			Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016	
Mailing Address 475 Ferry St. SE			Amount of Each Disbursement this Period 241.40	
City Salem	State OR	Zip Code 97301	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Printing		Category/ Type	Transaction ID : SB17.4979	
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)		
State:	District:			

Full Name (Last, First, Middle Initial) c. Salem Blue			Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016	
Mailing Address 475 Ferry St. SE			Amount of Each Disbursement this Period 38.76	
City Salem	State OR	Zip Code 97301	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Printing		Category/ Type	Transaction ID : SB17.4981	
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)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	2780.16
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 35 OF 39	
	<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) A. Salem Blue		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address 475 Ferry St. SE		Amount of Each Disbursement this Period 30.00
City Salem	State OR	
Zip Code 97301	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
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)	Transaction ID : SB17.4982
State: District:		

Full Name (Last, First, Middle Initial) B. Salem Blue		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2016
Mailing Address 475 Ferry St. SE		Amount of Each Disbursement this Period 46.56
City Salem	State OR	
Zip Code 97301	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
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)	Transaction ID : SB17.4983
State: District:		

Full Name (Last, First, Middle Initial) c. Salem Blue		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 475 Ferry St. SE		Amount of Each Disbursement this Period 108.00
City Salem	State OR	
Zip Code 97301	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
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)	Transaction ID : SB17.4984
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	184.56
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 36 OF 39	
	<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) A. Salem Blue		Date of Disbursement MM / DD / YYYY 02 / 25 / 2016
Mailing Address 475 Ferry St. SE		Amount of Each Disbursement this Period 124.10
City Salem	State OR	
Zip Code 97301	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4985
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. Salem Blue		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 475 Ferry St. SE		Amount of Each Disbursement this Period 219.05
City Salem	State OR	
Zip Code 97301	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4986
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) C. Salem Blue		Date of Disbursement MM / DD / YYYY 03 / 16 / 2016
Mailing Address 475 Ferry St. SE		Amount of Each Disbursement this Period 288.80
City Salem	State OR	
Zip Code 97301	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.4987
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:		

SUBTOTAL of Disbursements This Page (optional).....	631.95
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 37 OF 39			
	<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) A. Skyline Displays of Pittsburgh			Date of Disbursement MM / DD / YYYY 02 / 15 / 2016	
Mailing Address 56 Sexton Rd.			Amount of Each Disbursement this Period 1093.00	
City McKees Rocks	State PA	Zip Code 15136	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Printing		Category/ Type		
Candidate Name		Transaction ID : SB17.4990		
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. Stripe.com			Date of Disbursement MM / DD / YYYY 03 / 31 / 2016	
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 206.42	
City San Francisco	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC Processing Fees		Category/ Type		
Candidate Name		Transaction ID : SB17.5011		
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) c. The Ink Spot			Date of Disbursement MM / DD / YYYY 01 / 15 / 2016	
Mailing Address 3433 Hampton Ave.			Amount of Each Disbursement this Period 362.40	
City St. Louis	State MO	Zip Code 63139	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Printing		Category/ Type		
Candidate Name		Transaction ID : SB17.4995		
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:				

SUBTOTAL of Disbursements This Page (optional).....	1661.82
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 38 OF 39	
	<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	
A. USPS		M M / D D / Y Y Y Y 01 / 27 / 2016	
Mailing Address 400 Glen Creek Rd. NW		Amount of Each Disbursement this Period	
City Salem	State OR	Zip Code 97304	175.00
Purpose of Disbursement Postage		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			Transaction ID : SB17.5000
Office Sought:	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. USPS		M M / D D / Y Y Y Y 02 / 17 / 2016	
Mailing Address 400 Glen Creek Rd. NW		Amount of Each Disbursement this Period	
City Salem	State OR	Zip Code 97304	49.00
Purpose of Disbursement Postage		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			Transaction ID : SB17.5001
Office Sought:	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	
C. USPS		M M / D D / Y Y Y Y 02 / 23 / 2016	
Mailing Address 400 Glen Creek Rd. NW		Amount of Each Disbursement this Period	
City Salem	State OR	Zip Code 97304	98.00
Purpose of Disbursement Postage		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			Transaction ID : SB17.5002
Office Sought:	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)	

SUBTOTAL of Disbursements This Page (optional).....	322.00
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 39 OF 39			
	<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) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016
Mailing Address 400 Glen Creek Rd. NW		Amount of Each Disbursement this Period 24.50
City Salem	State OR	
Zip Code 97304	Purpose of Disbursement Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5003
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. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016
Mailing Address 400 Glen Creek Rd. NW		Amount of Each Disbursement this Period 1172.68
City Salem	State OR	
Zip Code 97304	Purpose of Disbursement Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5004
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) c. Vertical Response		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 50 Beale St. 10th Floor		Amount of Each Disbursement this Period 83.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Email Service	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5008
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:		

SUBTOTAL of Disbursements This Page (optional).....	1280.18
TOTAL This Period (last page this line number only).....	15439.57