

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Dave Wu for US Congress

ADDRESS (number and street) 818 SW Third Ave. #1182  
 Check if different than previously reported. (ACC)  
Portland OR 97204

2. **FEC IDENTIFICATION NUMBER** C00329292  
**CITY** STATE ZIP CODE STATE DISTRICT  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A) OR 01

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 04 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Lesley Bennett

Signature of Treasurer Electronically Filed by Lesley Bennett Date 07 15 2007

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Dave Wu for US Congress

Report Covering the Period:

From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 120440.07               | 232127.85                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 4000.00                 | 4000.00                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 116440.07               | 228127.85                          |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 101793.95               | 217085.18                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 900.00                  | 928.02                             |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 100893.95               | 216157.16                          |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | <b>543730.98</b>        |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | <b>0.00</b>             |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | <b>33774.23</b>         |                                    |

**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

Write or Type Committee Name  
Dave Wu for US Congress

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

**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).....

86600.00

130810.00

(ii) Unitemized.....

6742.50

11643.50

(iii) TOTAL of contributions

93342.50

142453.50

from individuals..... ▶

97.57

174.35

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACS).....

27000.00

89500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))

120440.07

232127.85

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.).....

900.00

928.02

15. OTHER RECEIPTS  
(Dividends, Interest, etc.).....

12297.53

18836.15

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

133637.60

251892.02

**DETAILED SUMMARY PAGE**  
of Disbursements

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES.....  | 101793.95                             | 217085.18                                  |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                         | 0.00                                  | 0.00                                       |
| 19. LOAN REPAYMENTS:   |                                       |  |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                                  | 0.00                                       |
| (b) Of all Other Loans.....  | 0.00                                  | 11600.00                                   |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                                  | 11600.00                                   |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                                       |  |
| (a) Individuals/Persons Other<br>Than Political Committees.....              | 0.00                                  | 0.00                                       |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees<br>(such as PACs).....                        | 4000.00                               | 4000.00                                    |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 4000.00                               | 4000.00                                    |
| 21. OTHER DISBURSEMENTS.....   | 0.00                                  | 0.00                                       |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 105793.95                             | 232685.18                                  |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 515887.33 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....                             | 133637.60 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 649524.93 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 105793.95 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 543730.98 |

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)**  
**(Millionaires' Amendment)**

|   |                    |   |
|---|--------------------|---|
| <b>Name of Candidate</b><br>David Wu  |                    | <b>Candidate ID Number</b><br>H8OR01072   |
| <b>Name of Principal Campaign Committee</b><br>Dave Wu for US Congress  |                    | <b>Committee ID Number</b><br>C C00329292 |
| <b>Committee Address</b><br>818 SW Third Ave. #1182   |                    |   |
| <b>City</b><br>Portland   | <b>State</b><br>OR | <b>ZIP</b><br>97204                       |
| Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year<br>preceding the year of the general election |                    |   |
|   | <b>Primary</b>     | <b>General</b>                            |
| 1. Gross receipts of authorized committees .....  | 208557.02          | 21335.00                                  |
| 2. Aggregate amount of contributions from personal funds of the candidate .....   | 0.00               | 0.00                                      |
| 3. Gross receipts minus the candidate's personal contributions .....  | 208557.02          | 21335.00                                  |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 83                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Carlos Alvarez

Mailing Address 14800 San Pedro Ave, Ste 310

City San Antonio State TX Zip Code 78232

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

Name of Employer The Gambirinus Co. Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 27 / 2007

Transaction ID: C27922

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Jean M. Auel

Mailing Address 2020 SW Market St. Dr, #102

City Portland State OR Zip Code 97201-7716

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

Name of Employer Self-employed Occupation Writer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2007

Transaction ID: C28081

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ray B. Auel

Mailing Address 2020 SW Market St. Dr, #102

City Portland State OR Zip Code 97201-7716

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

Name of Employer N/A Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2007

Transaction ID: C28080

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4300.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 83                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Ray B. Auel

Mailing Address 2020 SW Market St. Dr, #102

City Portland State OR Zip Code 97201-7716

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

Name of Employer N/A Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

**Transaction ID: C28079**

Amount of Each Receipt this Period  
1300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Leeshan Birney

Mailing Address 2828 Rogendale Rd

City Houston State TX Zip Code 77042

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

Name of Employer Pan Jackson Occupation Property Management

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 0 7

**Transaction ID: C28056**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jong L. Chen

Mailing Address 3941 J Street, Suite 250

City Sacramento State CA Zip Code 95864

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

Name of Employer self Occupation M.D. Urology

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 7

**Transaction ID: C27963**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2300.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 83                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jong L. Chen

Mailing Address 3941 J Street, Suite 250

City State Zip Code  
Sacramento CA 95864

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

Name of Employer self Occupation  
M.D. Urology

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2007

Transaction ID: C28060

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1600 Potrero Grande Dr. #7

City State Zip Code  
Rosemead CA 91770

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

Name of Employer West Bay Marketing Occupation  
Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 17 / 2007

Transaction ID: C28054

Amount of Each Receipt this Period  
700.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1600 Potrero Grande Dr. #7

City State Zip Code  
Rosemead CA 91770

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

Name of Employer West Bay Marketing Occupation  
Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 17 / 2007

Transaction ID: C28053

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 83                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Mrs. Kwen-Hwa Fei Chu  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 6 / 0 6 / 2 0 0 7 |  |
| Mailing Address 2747 Fontana Dr   |   | <b>Transaction ID:</b> C27959                                   |  |
| City State Zip Code<br>Houston TX 77043   | Amount of Each Receipt this Period<br>1000.00   |   |  |
| FEC ID number of contributing federal political committee.<br>C   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |   |  |
| Name of Employer Occupation<br>N/A Retired  | Election Cycle-to-Date<br>1000.00   |   |  |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Elizabeth Craig  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 6 / 2 0 / 2 0 0 7 |  |
| Mailing Address 413 S. Bristol Ave.   |   | <b>Transaction ID:</b> C28048                                   |  |
| City State Zip Code<br>Los Angeles CA 90049   | Amount of Each Receipt this Period<br>2300.00   |   |  |
| FEC ID number of contributing federal political committee.<br>C   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |   |  |
| Name of Employer Occupation<br>CA Graduate Institute Psychologist   | Election Cycle-to-Date<br>2300.00   |   |  |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Gregory Craig  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 6 / 2 0 / 2 0 0 7 |  |
| Mailing Address 413 S Bristol Ave   |   | <b>Transaction ID:</b> C28047                                   |  |
| City State Zip Code<br>Los Angeles CA 90049-3820  | Amount of Each Receipt this Period<br>2300.00   |   |  |
| FEC ID number of contributing federal political committee.<br>C   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |   |  |
| Name of Employer Occupation<br>Cook Inlet Energy Supply President   | Election Cycle-to-Date<br>2300.00   |   |  |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 5600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Harriet Denison<br>Mailing Address 3406 NW Thurman<br>City Portland State OR Zip Code 97210-1229<br>FEC ID number of contributing federal political committee. <b>C</b>   |   | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: C27964<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td>2000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 6 |  | 2 | 0 | 0 | 7 | 2000.00 |
| M  | M | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0  | 6 |  | 0 | 6 |   | 2 | 0 | 0 | 7 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 2000.00  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| Name of Employer n/a Occupation retired<br>Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼<br><table border="1"> <tr> <td>2000.00</td> </tr> </table> |   | 2000.00  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 2000.00  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |

|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Steven Feiger<br>Mailing Address 2314 Cambridge<br>City Chicago State IL Zip Code 60614<br>FEC ID number of contributing federal political committee. <b>C</b>   |   | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: C28015<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 2 | 7 |  | 2 | 0 | 0 | 7 | 1000.00 |
| M   | M | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0   | 6 |  | 2 | 7 |   | 2 | 0 | 0 | 7 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1000.00   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| Name of Employer Crawford Plumbing Supply Occupation Manager<br>Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼<br><table border="1"> <tr> <td>1000.00</td> </tr> </table> |   | 1000.00  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1000.00   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |

|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Frank J. Foti<br>Mailing Address 11728 SW Summerville Rd.<br>City Portland State OR Zip Code 97219<br>FEC ID number of contributing federal political committee. <b>C</b>  |   | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: C27890<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td>2300.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 1 | 1 |  | 2 | 0 | 0 | 7 | 2300.00 |
| M   | M | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0   | 4 |  | 1 | 1 |   | 2 | 0 | 0 | 7 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 2300.00   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| Name of Employer Vigor Industrial Occupation CEO<br>Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼<br><table border="1"> <tr> <td>2300.00</td> </tr> </table> |   | 2300.00  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 2300.00   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>5300.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Gregory Gallo

Mailing Address 572 Ringwood Avenue

City State Zip Code  
Menlo Park CA 94025

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

Name of Employer Occupation  
Piper Rudnick Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 7

**Transaction ID: C28039**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ruthann Geib

Mailing Address PO Box 1348

City State Zip Code  
Saginaw MI 48605-1348

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 7

**Transaction ID: C28029**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Muriel E. Goldman

Mailing Address 01280 SW Mary Failing Dr

City State Zip Code  
Portland OR 97219

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 7

**Transaction ID: C27973**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Muriel E. Goldman

Mailing Address 01280 SW Mary Failing Dr

City Portland State OR Zip Code 97219

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

Name of Employer N/A Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 13 / 2007

**Transaction ID: C27972**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Gary Hirschkron

Mailing Address 79 Hartford Ave.

City Madison State CT Zip Code 06443

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

Name of Employer AXA Finacial Occupation Senior Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2007

**Transaction ID: C28046**

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Glen Hou

Mailing Address 935 Bayou Pkwy.

City Houston State TX Zip Code 77077

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

Name of Employer G.E.T. Equipment Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 03 / 2007

**Transaction ID: C27949**

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>5100.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Shin-Yi Hsu

Mailing Address 2312 Hemlock Lane

City Vestal State NY Zip Code 13850

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

Name of Employer SUNY-Binghamton Occupation Professor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 7

**Transaction ID: C27974**

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Michelle K. Hu

Mailing Address 20977 Fairwoods Ct.

City Cupertino State CA Zip Code 95014

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

Name of Employer Interfirst Capital Corp. Occupation Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

**Transaction ID: C28049**

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ben C. Huang

Mailing Address 5247 Rokefield Way

City Norcross State GA Zip Code 30092

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

Name of Employer Atlanta Pacific Realty Occupation Owner, President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 7

**Transaction ID: C28044**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>4300.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Kerry Kligerman

Mailing Address 2430 N.E. 33rd St.

City State Zip Code  
Lighthouse Point FL 33064

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

Name of Employer Occupation  
Vital President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 14 / 2007

**Transaction ID: C28004**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter A. Koo

Mailing Address 32 Angler Lane

City State Zip Code  
Port Washington NY 11050

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

Name of Employer Occupation  
Starside Drugs Pharmacist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 30 / 2007

**Transaction ID: C28051**

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Hsing Hsien Kung

Mailing Address 24306 Oak Knoll Cir

City State Zip Code  
Los Altos Hills CA 94022

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

Name of Employer Occupation  
American X-Tal Technology Sr. Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2007

**Transaction ID: C28078**

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>5100.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Dr. Amy Kuo, M.D.

Mailing Address 301 E 21st St.

City State Zip Code  
New York NY 10010

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

Name of Employer Self Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2007

**Transaction ID: C27958**

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Wei Tai Kwok

Mailing Address 1123 Oak Hill Rd

City State Zip Code  
Lafayette CA 94549

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

Name of Employer Ion Global Occupation Managing Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2007

**Transaction ID: C28052**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Shau-Wai Lam

Mailing Address 81 Hobart Ave.

City State Zip Code  
Summit NJ 07901

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

Name of Employer DCH Management Services, Inc. Occupation Business Exec.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2007

**Transaction ID: C27950**

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>5300.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Shing Shong Lee

Mailing Address 12721 S. 87th Ave.

City Palos Park State IL Zip Code 60464

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

Name of Employer n/a Occupation homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 7

Transaction ID: C27962

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Li-Jen Li

Mailing Address 13288 E Sunset Dr.

City Los Altos State CA Zip Code 94022

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

Name of Employer Self Occupation homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 7

Transaction ID: C28089

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
James T. J. Liang

Mailing Address 15 West Las Tunas Dr.

City Arcadia State CA Zip Code 91007

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

Name of Employer Arcadia Adult Day Health Care Cent Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 7

Transaction ID: C27948

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Chuen-Der Lien

Mailing Address 13288 E. Sunset Drive

City State Zip Code  
Los Altos Hills CA 94022

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

Name of Employer Occupation  
IDT Vice Pres. Of Research & Development

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 7

**Transaction ID: C28088**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Hong-Kuo Lin

Mailing Address 9 Peachtree Hill Road

City State Zip Code  
Livingston NJ 07039

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

Name of Employer Occupation  
J-M Manufacturing Co., In-c. MIS Director

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 7

**Transaction ID: C27954**

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Joseph C. Liu

Mailing Address 222-21 Kenilworth Drive

City State Zip Code  
Bayside NY 11364

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

Name of Employer Occupation  
Self CPA

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 7

**Transaction ID: C27960**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Carol S. Lyons

Mailing Address 4945 NW 186th Ave.

City State Zip Code  
Portland OR 97229-2005

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

Name of Employer N/A Occupation homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2007

Transaction ID: C27957

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Phillip Margolin

Mailing Address 2745 SW Summit Dr

City State Zip Code  
Portland OR 97201

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

Name of Employer Self Occupation Author

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2007

Transaction ID: C28031

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 0668 SW Palatine Hill Rd

City State Zip Code  
Portland OR 97219-7831

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

Name of Employer N/A Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 27 / 2007

Transaction ID: C27925

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 3550.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Steven S. Marsden

Mailing Address P.O. Box 1846

City State Zip Code  
Cave Junction OR 97523

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

Name of Employer Self Occupation Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2007

**Transaction ID: C28068**

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Gregor Neff

Mailing Address 1177 6th Ave.

City State Zip Code  
New York NY 10036

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

Name of Employer Kramer, Levin, Nartalis & Franker Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2007

**Transaction ID: C27951**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Steve Palmer

Mailing Address 101 Constitution Ave, NW  
Suite 600 West

City State Zip Code  
Washington DC 20001

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

Name of Employer Van Scoyoc Associates Occupation Lobbyist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2007

**Transaction ID: C28074**

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3550.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Eric W. Paulson

Mailing Address 195 W Kensington Ave

City Astoria State OR Zip Code 97103

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

Name of Employer Lektro Inc. Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

**Transaction ID: C28070**

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Judson Randall

Mailing Address 1647 NW Midlake Lane

City Beaverton State OR Zip Code 97006

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

Name of Employer PSU Occupation Professor--Student Publications

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 7

**Transaction ID: C28037**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2630 SW Commonwealth Ave.

City Portland State OR Zip Code 97201

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

Name of Employer John Rudoff, M.D., FACC; Cardiolog Occupation Physician and Surgeon

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 7

**Transaction ID: C27933**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Dale W. Snape

Mailing Address 8301 Weller Ave

City State Zip Code  
McLean VA 22102

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

Name of Employer Occupation  
Wexler & Walker - Public Policy As General Manager

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2007

Transaction ID: C28107

Amount of Each Receipt this Period  
325.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: catering

**B.** Full Name (Last, First, Middle Initial)  
Dale W. Snape

Mailing Address 8301 Weller Ave

City State Zip Code  
McLean VA 22102

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

Name of Employer Occupation  
Wexler & Walker - Public Policy As General Manager

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2007

Transaction ID: C28011

Amount of Each Receipt this Period  
175.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 12670 SW 68th Ave, Ste 400

City State Zip Code  
Tigard OR 97223-8370

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

Name of Employer Occupation  
Westland Industries Investor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2007

Transaction ID: C28066

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Dianne B. Stern

Mailing Address 16 Overlook Road

City State Zip Code  
Scarsdale NY 10583-3012

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

Name of Employer Occupation  
Self-employed Writer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2007

**Transaction ID: C28019**

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 3185 Stockton Pl.

City State Zip Code  
Palo Alto CA 94303-4022

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

Name of Employer Occupation  
Cooley Godward, LLP Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 19 / 2007

**Transaction ID: C27940**

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Shirley S Sun

Mailing Address 1104 S 4th St.

City State Zip Code  
Alhambra CA 91801-4725

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

Name of Employer Occupation  
Los Angeles Dist. Att. Of-ice Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2007

**Transaction ID: C28065**

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>6900.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Chung Pun Tang

Mailing Address 41-40 Union Street, Apt. 14P

City State Zip Code  
Flushing NY 11355

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

Name of Employer Occupation  
Twin Marquis Inc. Businessman

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 7

**Transaction ID: C27946**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Alan R. Tresidder

Mailing Address 8714 SW 49th

City State Zip Code  
Portland OR 97219

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

Name of Employer Occupation  
Tresidder Company owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 7

**Transaction ID: C27935**

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Don J. Wang

Mailing Address 9600 Bellaire Blvd.

City State Zip Code  
Houston TX 77036

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

Name of Employer Occupation  
Metro Bank Chairman

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 7

**Transaction ID: C27941**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>3800.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Belle Wei

Mailing Address 1403 Dominica Lane

City State Zip Code  
Foster City CA 94404

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

Name of Employer San Jose State University Occupation Dean

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 7

**Transaction ID: C27947**

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
David C. S. Weng

Mailing Address 1101 Di Napoli Dr.

City State Zip Code  
San Jose CA 95129-4014

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

Name of Employer Innovest Capital Inv. Occupation VC

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 7

**Transaction ID: C28058**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Candice Wong

Mailing Address 3266 47th St.

City State Zip Code  
Long Island City NY 11103

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

Name of Employer Primetime International Occupation Management

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 0 7

**Transaction ID: C28055**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>4300.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Margaret W. Wong

Mailing Address 3150 Chester Ave, #200

City Cleveland State OH Zip Code 44114-4617

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

Name of Employer Wong and Associates Co LPA Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
06 / 27 / 2007

Transaction ID: C28025

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Lina Wu

Mailing Address 13 Hoover Dr.

City Middletown State NY Zip Code 10940

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

Name of Employer Mandarin Soy Sauce, Inc. Occupation Controller

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
06 / 06 / 2007

Transaction ID: C27961

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ray Wu

Mailing Address 344 Savage Farm Dr

City Ithaca State NY Zip Code 14850-6504

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

Name of Employer Cornell University Occupation Professor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
06 / 06 / 2007

Transaction ID: C28040

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
George C. Yang

Mailing Address 1111 Herman Dr, #29B

City State Zip Code  
Houston TX 77004

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

Name of Employer Occupation  
Asia Chemical Group CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 27 / 2007

**Transaction ID: C28022**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1308 North Danville St.

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation  
Wiley Rein & Fielding Attorney/DCE

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 25 / 2007

**Transaction ID: C28057**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Yung-Tsai Yen

Mailing Address 1257 Elko Dr.

City State Zip Code  
Sunnyvale CA 94089

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

Name of Employer Occupation  
MicroLithography, Inc. President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2007

**Transaction ID: C28062**

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>4300.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 27 / 83                 |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 11d   | <input type="checkbox"/> 12  | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Yung-Tsai Yen

Mailing Address 1257 Elko Dr.

City State Zip Code  
Sunnyvale CA 94089

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

Name of Employer  
MicroLithography, Inc.

Occupation  
President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2007

Transaction ID: C28061

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles Cheng Zhang

Mailing Address 7596 Oak Shore

City State Zip Code  
Portage MI 49024

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

Name of Employer  
Zhang & Assoc / American Express

Occupation  
Financial Advisor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2007

Transaction ID: C28002

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2800.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 86600.00 |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 28 / 83 |
|  | <input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d<br><input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Democratic Congressional Campaign Committee  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 4 / 2 8 / 2 0 0 7                               |  |
| Mailing Address 430 South Capitol, SE<br>2nd Floor  |   | <b>Transaction ID:</b> C28099   |  |
| City State Zip Code<br>Washington DC 20003  | Amount of Each Receipt this Period<br>21.57 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation   |   | * In-Kind: fundraising services   |  |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼<br>174.35  |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Democratic Congressional Campaign Committee  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 3 0 / 2 0 0 7                               |  |
| Mailing Address 430 South Capitol, SE<br>2nd Floor  |   | <b>Transaction ID:</b> C28101   |  |
| City State Zip Code<br>Washington DC 20003  | Amount of Each Receipt this Period<br>30.54 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation   |   | * In-Kind: fundraising services   |  |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼<br>174.35  |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Democratic Congressional Campaign Committee  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 6 / 3 0 / 2 0 0 7                               |  |
| Mailing Address 430 South Capitol, SE<br>2nd Floor  |   | <b>Transaction ID:</b> C28102   |  |
| City State Zip Code<br>Washington DC 20003  | Amount of Each Receipt this Period<br>45.46 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation   |   | * In-Kind: fundraising services   |  |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼<br>174.35  |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 97.57 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 97.57 |

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

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

FOR LINE NUMBER: PAGE 29 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
ALPA PAC - Air Line Pilots

Mailing Address 1625 Massachusetts Ave., NW

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 8 / 2 0 0 7

**Transaction ID:** C27952

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Amer. Fed. of State, Cty, and Municipal Workers

Mailing Address 1625 L Street, NW

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 7 / 2 0 0 7

**Transaction ID:** C28014

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
American Dietetic Assn PAC

Mailing Address 1225 Eye St, NW  
Ste. 1250

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00143560

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 7 / 2 0 0 7

**Transaction ID:** C28013

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

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

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

|  |   |              |
|--|---|--------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 30 / 83 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d<br><input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
CS First Boston Corp

Mailing Address 1155 21st St. NW  
Suite 300

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 7

**Transaction ID: C28083**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Dean Foods Company PAC

Mailing Address 2515 McKinney Ave. #1200

City Dallas State TX Zip Code 75201

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 7

**Transaction ID: C28084**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Employees of Northrop Grumman Corp. PAC

Mailing Address 1840 Century Park East

City Los Angeles State CA Zip Code 90067

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 0 8 / 2 0 0 7

**Transaction ID: C27955**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 31 / 83 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d<br><input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|   |   |  |   |  |
|---|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Home Depot Inc. Better Government Committee  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 27 / 2007 |   |  |
| Mailing Address 2455 Paces Ferry Rd. NW   |   | <b>Transaction ID:</b> C27920                            |   |  |
| City Atlanta      State GA      Zip Code 30339  | Amount of Each Receipt this Period<br>1000.00     |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00284885   |   |  |   |  |
| Name of Employer<br>Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>2000.00 |  |   |  |

|   |   |  |   |  |
|---|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Investment Company Institute PAC   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 14 / 2007 |   |  |
| Mailing Address 1401 H St. NW<br>12th Floor   |   | <b>Transaction ID:</b> C28012                            |   |  |
| City Washington      State DC      Zip Code 20005   | Amount of Each Receipt this Period<br>1000.00     |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |   |  |
| Name of Employer<br>Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>3000.00 |  |   |  |

|   |   |  |   |  |
|---|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Investment Company Institute PAC   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 30 / 2007 |   |  |
| Mailing Address 1401 H St. NW<br>12th Floor   |   | <b>Transaction ID:</b> C28082                            |   |  |
| City Washington      State DC      Zip Code 20005   | Amount of Each Receipt this Period<br>1000.00     |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |   |  |
| Name of Employer<br>Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>3000.00 |  |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 32 / 83                            |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Machinists Non-Partisan Political League

Mailing Address 9000 Machinist Place

City State Zip Code  
Upper Marlboro MD 20772

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 27 / 2007

**Transaction ID: C28032**

Amount of Each Receipt this Period  
3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
National Association of Letter Carriers PAC

Mailing Address 100 Indiana Ave, NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2007

**Transaction ID: C28085**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

Mailing Address 1125 Executive Circle

City State Zip Code  
Irving TX 75038

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2007

**Transaction ID: C28064**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>5000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 33 / 83                            |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Natl Community Pharmacists Assn PAC  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 6 / 3 0 / 2 0 0 7                                 |
| Mailing Address 205 Daingerfield Rd.  |   | Transaction ID: C28076  |
| City State Zip Code<br>Alexandria VA 22314  | Amount of Each Receipt this Period<br>1000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |   |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> New Democrat Network   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 6 / 3 0 / 2 0 0 7                                 |
| Mailing Address 510 Capitol Court, NE   |   | Transaction ID: C28072  |
| City State Zip Code<br>Washington DC 20003  | Amount of Each Receipt this Period<br>1000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |   |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Physical Therapy PAC   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 6 / 2 7 / 2 0 0 7                                 |
| Mailing Address 1111 N. Fairfax St.   |   | Transaction ID: C28030  |
| City State Zip Code<br>Alexandria VA 22314  | Amount of Each Receipt this Period<br>2000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00012880   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |   |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00           |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 4000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

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

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 34 / 83 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d<br><input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Qwest PAC

Mailing Address 607 14th St, NW  
Suite 950

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00237156

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2007

**Transaction ID: C28077**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Regence BluePAC

Mailing Address P.O. Box 1271

City Portland State OR Zip Code 97207

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2007

**Transaction ID: C28059**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Securities Industry Association PAC

Mailing Address 1425 K Streete NW, 7th Floor

City Washington State DC Zip Code 20005-3500

FEC ID number of contributing federal political committee. **C** C00067504

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2007

**Transaction ID: C28073**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 35 / 83 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d<br><input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
The Goldman Sachs Group PAC

Mailing Address 1101 Penn Ave NW #900

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 7

**Transaction ID: C28075**

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
United for Health

Mailing Address 701 Pennsylvania Ave, NW Suite 530

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 7

**Transaction ID: C28071**

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Verizon Communications, Inc. Good Gov't Club

Mailing Address 1717 ARCH ST. 47S

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 1 / 2 0 0 7

**Transaction ID: C27956**

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 36 / 83                            |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 11d   | <input type="checkbox"/> 12  | <input type="checkbox"/> 13a            |
| <input type="checkbox"/> 13b   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Wexler Group PAC

Mailing Address 1317 F St. NW  
Suite 600

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 4 | / | 2 | 0 | 0 | 7 |

Transaction ID: C28010

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 500.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 27000.00 |

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

|  |  |                              |
|--|--|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:                       | PAGE 37 / 83                 |
|  | (check only one)                       |                              |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b           | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 11d   | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b   | <input checked="" type="checkbox"/> 14 | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Friends of Tammy Duckworth

Mailing Address 416 W. 22nd St.

City State Zip Code  
Lombard IL 60148

FEC ID number of contributing federal political committee. **C** C00418525

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
900.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: C28103

Amount of Each Receipt this Period  
900.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 900.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 900.00 |

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

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 38 / 83 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d<br><input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Bank of America<br>Mailing Address 1001 SW 5th Ave<br>City State Zip Code<br>Portland OR 97205                           |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 30 / 2007<br>Transaction ID: C28095<br>Amount of Each Receipt this Period<br>.47 |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br>* interest                     |
| Name of Employer<br>Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>361.27 |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Bank of America<br>Mailing Address 1001 SW 5th Ave<br>City State Zip Code<br>Portland OR 97205                           |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 31 / 2007<br>Transaction ID: C28096<br>Amount of Each Receipt this Period<br>.48 |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br>* interest                     |
| Name of Employer<br>Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>361.27 |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Bank of America<br>Mailing Address 1001 SW 5th Ave<br>City State Zip Code<br>Portland OR 97205                           |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 29 / 2007<br>Transaction ID: C28097<br>Amount of Each Receipt this Period<br>.47 |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br>* interest                     |
| Name of Employer<br>Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>361.27 |   |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 1.42 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]  |

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

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

FOR LINE NUMBER: PAGE 39 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Columbia Community Bank

Mailing Address 314 E. main St.

City Hillsboro State OR Zip Code 97123

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3113.24

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 29 / 2007

**Transaction ID: C28098**

Amount of Each Receipt this Period  
 1837.08

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

\* interest

**B.** Full Name (Last, First, Middle Initial)  
Montauk Financial Group

Mailing Address 411 East 29th Street, Ste. 400

City Vancouver State WA Zip Code 98663

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 11801.53

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 30 / 2007

**Transaction ID: C28104**

Amount of Each Receipt this Period  
 1080.67

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

\* interest

**C.** Full Name (Last, First, Middle Initial)  
Montauk Financial Group

Mailing Address 411 East 29th Street, Ste. 400

City Vancouver State WA Zip Code 98663

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 11801.53

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 31 / 2007

**Transaction ID: C28105**

Amount of Each Receipt this Period  
 9017.05

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

\* interest

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11934.80**

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

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

|  |                               |  |
|--|-------------------------------|--|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 40 / 83 |  |
|  | (check only one)              |  |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b  | <input type="checkbox"/> 11c           |
| <input type="checkbox"/> 11d   | <input type="checkbox"/> 12   | <input type="checkbox"/> 13a           |
| <input type="checkbox"/> 13b   | <input type="checkbox"/> 14   | <input checked="" type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
Montauk Financial Group

Mailing Address 411 East 29th Street, Ste. 400

City State Zip Code  
Vancouver WA 98663

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
11801.53

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: C28106

Amount of Each Receipt this Period  
361.31

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

\* interest

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 361.31   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 12297.53 |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. ADP Tax</b>   |  | <b>Transaction ID: D5137</b><br>Date of Disbursement<br>04 / 30 / 2007                              |
| Mailing Address 4099 SE International Way  |  | Amount of Each Disbursement this Period<br>949.35   |
| City Milwaukie State OR Zip Code 97222   | Purpose of Disbursement payroll tax<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. ADP Tax</b>   |  | <b>Transaction ID: D5197</b><br>Date of Disbursement<br>05 / 31 / 2007                              |
| Mailing Address 4099 SE International Way  |  | Amount of Each Disbursement this Period<br>658.77   |
| City Milwaukie State OR Zip Code 97222   | Purpose of Disbursement payroll tax<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. ADP Tax</b>   |  | <b>Transaction ID: D5234</b><br>Date of Disbursement<br>06 / 20 / 2007                              |
| Mailing Address 4099 SE International Way  |  | Amount of Each Disbursement this Period<br>19.51  |
| City Milwaukie State OR Zip Code 97222   | Purpose of Disbursement payroll tax<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1627.63     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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 42 / 83

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |  |
|--|--|--|
| <b>A. ADP Tax</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 4099 SE International Way<br>City Milwaukie State OR Zip Code 97222<br>Purpose of Disbursement payroll tax<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5233</b><br>Date of Disbursement<br>06 / 30 / 2007<br>Amount of Each Disbursement this Period<br>658.79<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

|  |  |   |
|--|--|---|
| <b>B. ADP</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 4099 SE International Way<br>City Milwaukie State OR Zip Code 97222<br>Purpose of Disbursement payroll service fee<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5136</b><br>Date of Disbursement<br>04 / 01 / 2007<br>Amount of Each Disbursement this Period<br>84.97<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

|  |  |  |
|--|--|--|
| <b>C. ADP</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 4099 SE International Way<br>City Milwaukie State OR Zip Code 97222<br>Purpose of Disbursement payroll service fee<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5135</b><br>Date of Disbursement<br>04 / 11 / 2007<br>Amount of Each Disbursement this Period<br>6.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 749.76      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |   |
|--|--|---|
| <b>A. ADP</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 4099 SE International Way<br>City Milwaukie State OR Zip Code 97222<br>Purpose of Disbursement payroll service fee<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5134</b><br>Date of Disbursement<br>04 / 20 / 2007<br>Amount of Each Disbursement this Period<br>14.08<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

|  |  |   |
|--|--|---|
| <b>B. ADP</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 4099 SE International Way<br>City Milwaukie State OR Zip Code 97222<br>Purpose of Disbursement payroll service fee<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5133</b><br>Date of Disbursement<br>04 / 30 / 2007<br>Amount of Each Disbursement this Period<br>74.97<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

|  |  |  |
|--|--|--|
| <b>C. ADP</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 4099 SE International Way<br>City Milwaukie State OR Zip Code 97222<br>Purpose of Disbursement payroll service fee<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5196</b><br>Date of Disbursement<br>05 / 16 / 2007<br>Amount of Each Disbursement this Period<br>6.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 95.05       |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |   |
|--|--|---|
| <b>A. ADP</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 4099 SE International Way<br>City Milwaukie State OR Zip Code 97222<br>Purpose of Disbursement payroll service fee<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5230</b><br>Date of Disbursement<br>06 / 01 / 2007<br>Amount of Each Disbursement this Period<br>74.97<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

|  |  |  |
|--|--|--|
| <b>B. ADP</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 4099 SE International Way<br>City Milwaukie State OR Zip Code 97222<br>Purpose of Disbursement payroll service fee<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5232</b><br>Date of Disbursement<br>06 / 13 / 2007<br>Amount of Each Disbursement this Period<br>6.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

|  |  |   |
|--|--|---|
| <b>C. ADP</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 4099 SE International Way<br>City Milwaukie State OR Zip Code 97222<br>Purpose of Disbursement payroll service fee<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5231</b><br>Date of Disbursement<br>06 / 30 / 2007<br>Amount of Each Disbursement this Period<br>84.97<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 165.94      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

**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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express</b>  |  | <b>Transaction ID: D5138</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 2 / 2 0 0 7   |
| Mailing Address PO Box 53852   |  | Amount of Each Disbursement this Period<br>3.56<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Phoenix State AZ Zip Code 85072-3852  | Purpose of Disbursement merchant service fee<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. American Express</b>  |  | <b>Transaction ID: D5142</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 9 / 2 0 0 7   |
| Mailing Address PO Box 53852   |  | Amount of Each Disbursement this Period<br>2.85<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Phoenix State AZ Zip Code 85072-3852  | Purpose of Disbursement merchant service fee<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. American Express</b>  |  | <b>Transaction ID: D5140</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 1 / 2 0 0 7   |
| Mailing Address PO Box 53852   |  | Amount of Each Disbursement this Period<br>4.50<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Phoenix State AZ Zip Code 85072-3852  | Purpose of Disbursement merchant service fee<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 10.91       |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

**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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express</b>  |  | <b>Transaction ID: D5141</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 6 / 2 0 0 7  |
| Mailing Address PO Box 53852   |  | Amount of Each Disbursement this Period<br>4.50   |
| City Phoenix State AZ Zip Code 85072-3852  | Purpose of Disbursement merchant service fee<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. American Express</b>  |  | <b>Transaction ID: D5139</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 6 / 2 0 0 7  |
| Mailing Address PO Box 53852   |  | Amount of Each Disbursement this Period<br>7.13   |
| City Phoenix State AZ Zip Code 85072-3852  | Purpose of Disbursement merchant service fee<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. American Express</b>  |  | <b>Transaction ID: D5200</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 1 / 2 0 0 7  |
| Mailing Address PO Box 53852   |  | Amount of Each Disbursement this Period<br>28.50  |
| City Phoenix State AZ Zip Code 85072-3852  | Purpose of Disbursement merchant service fee<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 40.13       |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express</b>  |  | <b>Transaction ID: D5198</b><br>Date of Disbursement<br>05 / 11 / 2007                              |
| Mailing Address PO Box 53852   |  | Amount of Each Disbursement this Period<br>14.25  |
| City Phoenix State AZ Zip Code 85072-3852  | Purpose of Disbursement merchant service fee<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. American Express</b>  |  | <b>Transaction ID: D5199</b><br>Date of Disbursement<br>05 / 15 / 2007                              |
| Mailing Address PO Box 53852   |  | Amount of Each Disbursement this Period<br>4.50   |
| City Phoenix State AZ Zip Code 85072-3852  | Purpose of Disbursement merchant service fee<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. American Express</b>  |  | <b>Transaction ID: D5201</b><br>Date of Disbursement<br>05 / 21 / 2007                              |
| Mailing Address PO Box 53852   |  | Amount of Each Disbursement this Period<br>114.00   |
| City Phoenix State AZ Zip Code 85072-3852  | Purpose of Disbursement merchant service fee<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 132.75      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

**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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express</b>  |  | <b>Transaction ID: D5235</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 0 4 / 2 0 0 7  |
| Mailing Address PO Box 53852   |  | Amount of Each Disbursement this Period<br>65.55<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Phoenix State AZ Zip Code 85072-3852  | Purpose of Disbursement merchant service fee<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. American Express</b>  |  | <b>Transaction ID: D5236</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 1 1 / 2 0 0 7  |
| Mailing Address PO Box 53852   |  | Amount of Each Disbursement this Period<br>15.68<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Phoenix State AZ Zip Code 85072-3852  | Purpose of Disbursement merchant service fee<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. American Express</b>  |  | <b>Transaction ID: D5237</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 1 5 / 2 0 0 7   |
| Mailing Address PO Box 53852   |  | Amount of Each Disbursement this Period<br>4.50<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Phoenix State AZ Zip Code 85072-3852  | Purpose of Disbursement merchant service fee<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 85.73       |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express</b>  |  | <b>Transaction ID: D5238</b><br>Date of Disbursement<br>06 / 25 / 2007 |
| Mailing Address PO Box 53852   |  | Amount of Each Disbursement this Period<br>131.10                      |
| City Phoenix State AZ Zip Code 85072-3852  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement merchant service fee<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. American Express</b>  |  | <b>Transaction ID: D5239</b><br>Date of Disbursement<br>06 / 29 / 2007 |
| Mailing Address PO Box 53852   |  | Amount of Each Disbursement this Period<br>28.50                       |
| City Phoenix State AZ Zip Code 85072-3852  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement merchant service fee<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Bank of America</b>   |  | <b>Transaction ID: D5143</b><br>Date of Disbursement<br>04 / 05 / 2007 |
| Mailing Address PO Box 25118   |  | Amount of Each Disbursement this Period<br>154.10                      |
| City Tampa State FL Zip Code 33622   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement check order<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 313.70 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____  |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Bank of America</b>   |  | <b>Transaction ID: D5144</b><br>Date of Disbursement<br>04 / 20 / 2007 |
| Mailing Address PO Box 25118   |  | Amount of Each Disbursement this Period<br>25.00                       |
| City Tampa State FL Zip Code 33622   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement Bank Fee<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Beaverton Bakery</b>  |  | <b>Transaction ID: D5145</b><br>Date of Disbursement<br>04 / 01 / 2007 |
| Mailing Address 12375 SW Broadway Ptland,  |  | Amount of Each Disbursement this Period<br>225.00                      |
| City Portland State OR Zip Code 97005  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement catering<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Lesley A. Bennett</b>   |  | <b>Transaction ID: D5170</b><br>Date of Disbursement<br>04 / 01 / 2007 |
| Mailing Address 3477 Walling Way   |  | Amount of Each Disbursement this Period<br>208.43                      |
| City West Linn State OR Zip Code 97068   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement travel and expenses<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>458.43</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

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

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Lesley A. Bennett</b>   |  | <b>Transaction ID: D5169</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 0 / 2 0 0 7   |
| Mailing Address 3477 Walling Way   |  | Amount of Each Disbursement this Period<br>328.60<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City West Linn State OR Zip Code 97068   | Category/<br>Type  |  |
| Purpose of Disbursement travel   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Lesley A. Bennett</b>   |  | <b>Transaction ID: D5168</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 7  |
| Mailing Address 3477 Walling Way   |  | Amount of Each Disbursement this Period<br>2632.44<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City West Linn State OR Zip Code 97068   | Category/<br>Type  |   |
| Purpose of Disbursement salary   |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Lesley A. Bennett</b>   |  | <b>Transaction ID: D5212</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 2 9 / 2 0 0 7   |
| Mailing Address 3477 Walling Way   |  | Amount of Each Disbursement this Period<br>553.36<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City West Linn State OR Zip Code 97068   | Category/<br>Type  |  |
| Purpose of Disbursement travel and expenses  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3514.40 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

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

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

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|   |   |  |  |
|---|---|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Lesley A. Bennett</p>  |   | <p><b>Transaction ID:</b> D5211<br/><b>Date of Disbursement</b><br/>05 / 31 / 2007</p>                     |  |
| <p>Mailing Address 3477 Walling Way</p>   |   | <p>Amount of Each Disbursement this Period<br/>2096.45</p>   |  |
| <p>City West Linn State OR Zip Code 97068</p>   | <p>Purpose of Disbursement salary</p>   | <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |  |
| <p>Candidate Name</p>   | <p>Category/Type</p>  |  |  |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |  |  |
| <p>State: District:</p>   |   |  |  |

|   |   |  |  |
|---|---|--|--|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Lesley A. Bennett</p>  |   | <p><b>Transaction ID:</b> D5249<br/><b>Date of Disbursement</b><br/>06 / 30 / 2007</p>                     |  |
| <p>Mailing Address 3477 Walling Way</p>   |   | <p>Amount of Each Disbursement this Period<br/>2096.44</p>   |  |
| <p>City West Linn State OR Zip Code 97068</p>   | <p>Purpose of Disbursement salary</p>   | <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |  |
| <p>Candidate Name</p>   | <p>Category/Type</p>  |  |  |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |  |  |
| <p>State: District:</p>   |   |  |  |

|   |   |  |  |
|---|---|--|--|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Randy Broz</p>   |   | <p><b>Transaction ID:</b> D5189<br/><b>Date of Disbursement</b><br/>04 / 23 / 2007</p>                     |  |
| <p>Mailing Address 226 14th Place NE</p>  |   | <p>Amount of Each Disbursement this Period<br/>400.00</p>  |  |
| <p>City Washington State DC Zip Code 20002</p>  | <p>Purpose of Disbursement travel expenses</p>  | <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |  |
| <p>Candidate Name</p>   | <p>Category/Type</p>  |  |  |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |  |  |
| <p>State: District:</p>   |   |  |  |

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

4592.89

**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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|   |  |  |
|---|--|--|
| <b>A. Cato</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address B222 Longworth<br>City Washington State DC Zip Code 20515<br>Purpose of Disbursement travel<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5148</b><br>Date of Disbursement<br>04 / 20 / 2007<br>Amount of Each Disbursement this Period<br>875.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

|   |  |   |
|---|--|---|
| <b>B. Cato</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address B222 Longworth<br>City Washington State DC Zip Code 20515<br>Purpose of Disbursement travel<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5147</b><br>Date of Disbursement<br>04 / 27 / 2007<br>Amount of Each Disbursement this Period<br>2114.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

|   |  |  |
|---|--|--|
| <b>C. Cato</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address B222 Longworth<br>City Washington State DC Zip Code 20515<br>Purpose of Disbursement travel<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5202</b><br>Date of Disbursement<br>05 / 04 / 2007<br>Amount of Each Disbursement this Period<br>288.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3277.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

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

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

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |   |
|--|--|---|
| <b>A. Cato</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address B222 Longworth<br>City Washington State DC Zip Code 20515<br>Purpose of Disbursement travel<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5203</b><br>Date of Disbursement<br>05 / 17 / 2007<br>Amount of Each Disbursement this Period<br>1616.40<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

|  |  |   |
|--|--|---|
| <b>B. Cato</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address B222 Longworth<br>City Washington State DC Zip Code 20515<br>Purpose of Disbursement travel<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5241</b><br>Date of Disbursement<br>06 / 05 / 2007<br>Amount of Each Disbursement this Period<br>3356.40<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

|  |  |  |
|--|--|--|
| <b>C. Cato</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address B222 Longworth<br>City Washington State DC Zip Code 20515<br>Purpose of Disbursement travel<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5242</b><br>Date of Disbursement<br>06 / 15 / 2007<br>Amount of Each Disbursement this Period<br>150.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 5122.80     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Cingular Wireless</b>   |  | <b>Transaction ID: D5150</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 1 / 2 0 0 7 |
| Mailing Address PO Box 6444  |  | Amount of Each Disbursement this Period<br>207.00  |
| City Carol Stream State IL Zip Code 60197  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement telephone service<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Cingular Wireless</b>   |  | <b>Transaction ID: D5151</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |
| Mailing Address PO Box 6444  |  | Amount of Each Disbursement this Period<br>283.32  |
| City Carol Stream State IL Zip Code 60197  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement telephone service<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Cingular Wireless</b>   |  | <b>Transaction ID: D5149</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |
| Mailing Address PO Box 6444  |  | Amount of Each Disbursement this Period<br>108.45  |
| City Carol Stream State IL Zip Code 60197  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement telephone service<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 598.77 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

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

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

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Cingular Wireless</b>   |  | <b>Transaction ID: D5205</b><br>Date of Disbursement<br>05 / 17 / 2007                              |
| Mailing Address PO Box 6444  |  | Amount of Each Disbursement this Period<br>106.80   |
| City Carol Stream State IL Zip Code 60197  | Purpose of Disbursement telephone service<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Cingular Wireless</b>   |  | <b>Transaction ID: D5204</b><br>Date of Disbursement<br>05 / 17 / 2007                              |
| Mailing Address PO Box 6444  |  | Amount of Each Disbursement this Period<br>58.17  |
| City Carol Stream State IL Zip Code 60197  | Purpose of Disbursement telephone service<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Cingular Wireless</b>   |  | <b>Transaction ID: D5244</b><br>Date of Disbursement<br>06 / 15 / 2007                              |
| Mailing Address PO Box 6444  |  | Amount of Each Disbursement this Period<br>54.53  |
| City Carol Stream State IL Zip Code 60197  | Purpose of Disbursement telephone service<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 219.50      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

**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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|   |   |  |
|---|---|--|
| <p><b>A. Cingular Wireless</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mailing Address PO Box 6444</p>                               |   | <p><b>Transaction ID: D5243</b><br/>Date of Disbursement<br/>06 / 15 / 2007</p>  |
| <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement telephone service</p> <p>Candidate Name</p>                         |   | <p>Amount of Each Disbursement this Period<br/>105.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p>Category/Type</p>   |

|   |   |  |
|---|---|--|
| <p><b>B. City Center Parking</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mailing Address PO Box 8219</p>                             |   | <p><b>Transaction ID: D5152</b><br/>Date of Disbursement<br/>04 / 01 / 2007</p>  |
| <p>City Portland State OR Zip Code 97207</p> <p>Purpose of Disbursement monthly parking</p> <p>Candidate Name</p>                               |   | <p>Amount of Each Disbursement this Period<br/>169.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p>Category/Type</p>   |

|   |   |  |
|---|---|--|
| <p><b>C. City Center Parking</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mailing Address PO Box 8219</p>                             |   | <p><b>Transaction ID: D5206</b><br/>Date of Disbursement<br/>05 / 01 / 2007</p>  |
| <p>City Portland State OR Zip Code 97207</p> <p>Purpose of Disbursement monthly parking</p> <p>Candidate Name</p>                               |   | <p>Amount of Each Disbursement this Period<br/>169.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p>Category/Type</p>   |

|   |                      |
|---|----------------------|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><b>443.19</b></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> |                      |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. City Center Parking</b>   |  | <b>Transaction ID: D5245</b><br>Date of Disbursement<br>06 / 01 / 2007 |
| Mailing Address PO Box 8219  |  | Amount of Each Disbursement this Period<br>169.00                      |
| City Portland State OR Zip Code 97207  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement monthly parking<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. David L. Andrukitis, Inc.</b>   |  | <b>Transaction ID: D5154</b><br>Date of Disbursement<br>04 / 20 / 2007 |
| Mailing Address Printing & Mailing Services<br>50 E St., SE  |  | Amount of Each Disbursement this Period<br>325.18                      |
| City Washington State DC Zip Code 20003  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement stationery<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. David Wu</b>  |  | <b>Transaction ID: D5254</b><br>Date of Disbursement<br>04 / 01 / 2007 |
| Mailing Address 314 North Carolina Ave. SE   |  | Amount of Each Disbursement this Period<br>1789.95                     |
| City Washington State DC Zip Code 20003-2003   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement travel and expenses<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>2284.13</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____          |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|   |  |  |
|---|--|--|
| <b>A. David Wu</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 314 North Carolina Ave. SE<br>City Washington State DC Zip Code 20003-2003<br>Purpose of Disbursement travel<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5255</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 8 / 2 0 0 7<br>Amount of Each Disbursement this Period<br>277.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

|  |  |  |
|--|--|--|
| <b>B. David Wu</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 314 North Carolina Ave. SE<br>City Washington State DC Zip Code 20003-2003<br>Purpose of Disbursement travel and expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5256</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 7<br>Amount of Each Disbursement this Period<br>924.78<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

|  |  |  |
|--|--|--|
| <b>C. David Wu</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 314 North Carolina Ave. SE<br>City Washington State DC Zip Code 20003-2003<br>Purpose of Disbursement travel and expenses<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5257</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 0 6 / 2 0 0 7<br>Amount of Each Disbursement this Period<br>575.78<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1777.56     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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 60 / 83

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Democratic Congressional Campaign Committee</b>                                     |  | <b>Transaction ID: D5129</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 7 |
| Mailing Address 430 South Capitol, SE<br>2nd Floor   |  | Amount of Each Disbursement this Period<br>21.57   |
| City Washington State DC Zip Code 20003  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement fundraising services<br>Candidate Name   | Category/Type  | * in-kind received   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Democratic Congressional Campaign Committee</b>                                     |  | <b>Transaction ID: D5130</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 3 0 / 2 0 0 7 |
| Mailing Address 430 South Capitol, SE<br>2nd Floor   |  | Amount of Each Disbursement this Period<br>30.54   |
| City Washington State DC Zip Code 20003  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement fundraising services<br>Candidate Name   | Category/Type  | * in-kind received   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Democratic Congressional Campaign Committee</b>                                     |  | <b>Transaction ID: D5247</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 2 1 / 2 0 0 7 |
| Mailing Address 430 South Capitol, SE<br>2nd Floor   |  | Amount of Each Disbursement this Period<br>25000.00  |
| City Washington State DC Zip Code 20003  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement contribution<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 25052.11 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]      |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17  | <input type="checkbox"/> | 18  | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/>            | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Democratic Congressional Campaign Committee</b>                                     |  | <b>Transaction ID: D5131</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 30 / 2007 |
| Mailing Address 430 South Capitol, SE<br>2nd Floor   |  | Amount of Each Disbursement this Period<br>45.46  |
| City Washington State DC Zip Code 20003  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement fundraising services<br>Candidate Name   | Category/Type  | * in-kind received  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Ecotrust</b>  |  | <b>Transaction ID: D5208</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 17 / 2007 |
| Mailing Address 721 NW 9th Avenue  |  | Amount of Each Disbursement this Period<br>250.00   |
| City Portland State OR Zip Code 97209  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement space rental<br>Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Fred Meyer</b>  |  | <b>Transaction ID: D5157</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 11 / 2007 |
| Mailing Address 3800 SE 22nd   |  | Amount of Each Disbursement this Period<br>70.40  |
| City Portland State OR Zip Code 97202  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement event supplies<br>Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 365.86 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. H &amp; W Printing</b>  |  | <b>Transaction ID: D5159</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 1 / 2 0 0 7  |  |
| Mailing Address 3616 Oak Lane  |  | Amount of Each Disbursement this Period<br>635.58   |  |
| City Mount Rainier<br>State MD<br>Zip Code 20712   | Purpose of Disbursement<br>printing  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. H &amp; W Printing</b>  |  | <b>Transaction ID: D5160</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 1 / 2 0 0 7  |  |
| Mailing Address 3616 Oak Lane  |  | Amount of Each Disbursement this Period<br>45.00  |  |
| City Mount Rainier<br>State MD<br>Zip Code 20712   | Purpose of Disbursement<br>printing  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. H &amp; W Printing</b>  |  | <b>Transaction ID: D5161</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 1 / 2 0 0 7  |  |
| Mailing Address 3616 Oak Lane  |  | Amount of Each Disbursement this Period<br>5381.65  |  |
| City Mount Rainier<br>State MD<br>Zip Code 20712   | Purpose of Disbursement<br>printing  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 6062.23 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

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

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

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. House of Louie Restaurant</b>   |  | <b>Transaction ID: D5162</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 2 / 2 0 0 7 |
| Mailing Address 331 NW Davis St.   |  | Amount of Each Disbursement this Period<br>3500.00   |
| City Portland State OR Zip Code 97209  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement catering<br>Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Hunan Dynasty</b>   |  | <b>Transaction ID: D5163</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 1 / 2 0 0 7 |
| Mailing Address 215 Pennsylvania Ave. SE   |  | Amount of Each Disbursement this Period<br>1999.20   |
| City Washington State DC Zip Code 20003  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement catering<br>Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Jeff Bridges</b>  |  | <b>Transaction ID: D5164</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 7 / 2 0 0 7 |
| Mailing Address 5750 S. Beech Ct.  |  | Amount of Each Disbursement this Period<br>720.00  |
| City Littleton State CO Zip Code 80121   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement staffing<br>Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 6219.20 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

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

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

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|   |  |  |
|---|--|--|
| <p><b>A.</b> Johnny's Half Shell</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2002 P Street, NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID:</b> D5248</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1947.80"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>   |  | <p>Category/Type</p>   |

|   |  |   |
|---|--|---|
| <p><b>B.</b> Kansen Chu for Good Government</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2530 Berryessa Rd. PMB 823</p> <p>City San Jose State CA Zip Code 95132</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID:</b> D5210</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>   |  | <p>Category/Type</p>  |

|   |  |   |
|---|--|---|
| <p><b>C.</b> Kinko's</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 221 SW Alder St.</p> <p>City Portland State OR Zip Code 97204</p> <p>Purpose of Disbursement placard</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID:</b> D5165</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="180.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>   |  | <p>Category/Type</p>  |

|   |   |
|---|---|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="2377.80"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                 |

**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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Kramers Mailing Service</b>   |  | <b>Transaction ID: D5166</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7  |
| Mailing Address 3201 NW Yeon   |  | Amount of Each Disbursement this Period<br>1030.21<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Portland State OR Zip Code 97210  |  |   |
| Purpose of Disbursement printing<br>Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mainlander Investments</b>  |  | <b>Transaction ID: D5171</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 1 / 2 0 0 7   |
| Mailing Address 15-82nd Dr. #210   |  | Amount of Each Disbursement this Period<br>100.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Gladstone State OR Zip Code 97027   |  |  |
| Purpose of Disbursement rent<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mainlander Investments</b>  |  | <b>Transaction ID: D5172</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 1 / 2 0 0 7   |
| Mailing Address 15-82nd Dr. #210   |  | Amount of Each Disbursement this Period<br>685.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Gladstone State OR Zip Code 97027   |  |  |
| Purpose of Disbursement rent<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1815.21     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|   |  |  |
|---|--|--|
| <b>A. Mainlander Investments</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 15-82nd Dr. #210<br>City Gladstone State OR Zip Code 97027<br>Purpose of Disbursement rent<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5213</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 1 / 2 0 0 7<br>Amount of Each Disbursement this Period<br>685.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

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|---|--|--|
| <b>B. Mainlander Investments</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 15-82nd Dr. #210<br>City Gladstone State OR Zip Code 97027<br>Purpose of Disbursement rent<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5214</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 1 / 2 0 0 7<br>Amount of Each Disbursement this Period<br>100.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

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|---|--|--|
| <b>C. Mainlander Investments</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 15-82nd Dr. #210<br>City Gladstone State OR Zip Code 97027<br>Purpose of Disbursement rent<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5251</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 0 1 / 2 0 0 7<br>Amount of Each Disbursement this Period<br>100.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 885.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____  |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mainlander Investments</b>  |  | <b>Transaction ID:</b> D5250<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 0 1 / 2 0 0 7  |
| Mailing Address 15-82nd Dr. #210   |  | Amount of Each Disbursement this Period<br>685.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Gladstone State OR Zip Code 97027   | Purpose of Disbursement rent<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. National Democratic Club</b>  |  | <b>Transaction ID:</b> D5175<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 0 1 / 2 0 0 7  |
| Mailing Address 30 Ivy St. SE  |  | Amount of Each Disbursement this Period<br>338.50<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20003-4071   | Purpose of Disbursement catering<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. National Democratic Club</b>  |  | <b>Transaction ID:</b> D5174<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7  |
| Mailing Address 30 Ivy St. SE  |  | Amount of Each Disbursement this Period<br>230.90<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20003-4071   | Purpose of Disbursement catering<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1254.40 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. National Democratic Club</b>  |  | <b>Transaction ID: D5215</b><br>Date of Disbursement<br>05 / 17 / 2007 |
| Mailing Address 30 Ivy St. SE  |  | Amount of Each Disbursement this Period<br>80.00                       |
| City Washington State DC Zip Code 20003-4071   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement catering<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Neighbors for Naisy Dolar</b>   |  | <b>Transaction ID: D5176</b><br>Date of Disbursement<br>04 / 12 / 2007 |
| Mailing Address 2742 W. Touhy  |  | Amount of Each Disbursement this Period<br>500.00                      |
| City Chicago State IL Zip Code 60645   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement contribution<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. NGP Software</b>  |  | <b>Transaction ID: D5177</b><br>Date of Disbursement<br>04 / 20 / 2007 |
| Mailing Address 5505 Connecticut Ave NW # 202  |  | Amount of Each Disbursement this Period<br>750.00                      |
| City Washington State DC Zip Code 20015-2601   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement database software<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1330.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|   |  |   |
|---|--|---|
| <b>A. NGP Software</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 5505 Connecticut Ave NW # 202<br>City Washington State DC Zip Code 20015-2601<br>Purpose of Disbursement database software<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5216</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 2 9 / 2 0 0 7<br>Amount of Each Disbursement this Period<br>1700.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

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|---|--|---|
| <b>B. Nu-Way Printing</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 306 SE 8th<br>City Portland State OR Zip Code 97214<br>Purpose of Disbursement stationery<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5178</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7<br>Amount of Each Disbursement this Period<br>2220.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

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|---|--|--|
| <b>C. Nu-Way Printing</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 306 SE 8th<br>City Portland State OR Zip Code 97214<br>Purpose of Disbursement stationery<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5218</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 7 / 2 0 0 7<br>Amount of Each Disbursement this Period<br>580.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

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

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

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Nu-Way Printing</b>   |  | <b>Transaction ID: D5217</b><br>Date of Disbursement<br>05 / 29 / 2007 |
| Mailing Address 306 SE 8th   |  | Amount of Each Disbursement this Period<br>1369.00                     |
| City Portland State OR Zip Code 97214  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement stationery<br>Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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| Full Name (Last, First, Middle Initial)<br><b>B. Office Depot</b>  |  | <b>Transaction ID: D5179</b><br>Date of Disbursement<br>04 / 12 / 2007 |
| Mailing Address 604 SW Washington  |  | Amount of Each Disbursement this Period<br>35.98                       |
| City Portland State OR Zip Code 97214  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement office supplies<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Omni New Haven Hotel</b>  |  | <b>Transaction ID: D5219</b><br>Date of Disbursement<br>05 / 06 / 2007 |
| Mailing Address 155 Temple Street  |  | Amount of Each Disbursement this Period<br>1206.46                     |
| City New Haven State CT Zip Code 06510   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement lodging<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2611.44 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Oregon League Of Conservation Voters</b>  |  | <b>Transaction ID: D5180</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7   |
| Mailing Address 320 SW Stark   |  | Amount of Each Disbursement this Period<br>250.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Portland State OR Zip Code 97204  | Purpose of Disbursement contribution<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Peter Corvallis Productions</b>   |  | <b>Transaction ID: D5181</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 2 / 2 0 0 7   |
| Mailing Address 237 SW Front   |  | Amount of Each Disbursement this Period<br>550.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Portland State OR Zip Code 97204  | Purpose of Disbursement event supplies<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Political Development Group, Incorporated</b>                                       |  | <b>Transaction ID: D5183</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 1 / 2 0 0 7  |
| Mailing Address 499 South Capitol St., SW, #114  |  | Amount of Each Disbursement this Period<br>5620.68<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement consulting and expenses<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 6420.68 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

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

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

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Political Development Group, Incorporated</b>                                       |  | <b>Transaction ID: D5220</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 1 / 2 0 0 7  |
| Mailing Address 499 South Capitol St., SW, #114  |  | Amount of Each Disbursement this Period<br>5661.13<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement consulting and expenses<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

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|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Political Development Group, Incorporated</b>                                       |  | <b>Transaction ID: D5221</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 7 / 2 0 0 7  |
| Mailing Address 499 South Capitol St., SW, #114  |  | Amount of Each Disbursement this Period<br>5721.55<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement consulting and expenses<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Portland Billing</b>  |  | <b>Transaction ID: D5186</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 2 / 2 0 0 7   |
| Mailing Address 3434 SE Powell Blvd. Ptland,   |  | Amount of Each Disbursement this Period<br>860.58<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Portland State OR Zip Code 97202  | Purpose of Disbursement merchant fees<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 12243.26    |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Portland Billing</b>  |  | <b>Transaction ID: D5185</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 2 / 2 0 0 7 |
| Mailing Address 3434 SE Powell Blvd. Ptland,   |  | Amount of Each Disbursement this Period<br>109.98  |
| City Portland State OR Zip Code 97202  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement merchant fees<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Portland Billing</b>  |  | <b>Transaction ID: D5222</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 1 / 2 0 0 7 |
| Mailing Address 3434 SE Powell Blvd. Ptland,   |  | Amount of Each Disbursement this Period<br>100.56  |
| City Portland State OR Zip Code 97202  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement merchant fees<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Portland Billing</b>  |  | <b>Transaction ID: D5223</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 1 / 2 0 0 7 |
| Mailing Address 3434 SE Powell Blvd. Ptland,   |  | Amount of Each Disbursement this Period<br>191.33  |
| City Portland State OR Zip Code 97202  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement merchant fees<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 401.87 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

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

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Portland Billing</b>  |  | <b>Transaction ID: D5252</b><br>Date of Disbursement<br>06 / 01 / 2007                              |
| Mailing Address 3434 SE Powell Blvd. Ptland,   |  | Amount of Each Disbursement this Period<br>86.98  |
| City Portland State OR Zip Code 97202  | Purpose of Disbursement merchant fees<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Portland Billing</b>  |  | <b>Transaction ID: D5253</b><br>Date of Disbursement<br>06 / 01 / 2007                              |
| Mailing Address 3434 SE Powell Blvd. Ptland,   |  | Amount of Each Disbursement this Period<br>435.39   |
| City Portland State OR Zip Code 97202  | Purpose of Disbursement merchant fees<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Portland Chinese Garden</b>   |  | <b>Transaction ID: D5187</b><br>Date of Disbursement<br>04 / 12 / 2007                              |
| Mailing Address 239 NW Everett   |  | Amount of Each Disbursement this Period<br>400.00   |
| City Portland State OR Zip Code 97209  | Purpose of Disbursement event supplies<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 922.37 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____  |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |  |
|--|--|--|
| <b>A. Qwest</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 12480<br>City Seattle State WA Zip Code 98111-4480<br>Purpose of Disbursement phone service<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5188</b><br>Date of Disbursement<br>04 / 01 / 2007<br>Amount of Each Disbursement this Period<br>273.37<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

|  |  |  |
|--|--|--|
| <b>B. Qwest</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 12480<br>City Seattle State WA Zip Code 98111-4480<br>Purpose of Disbursement phone service<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5225</b><br>Date of Disbursement<br>05 / 17 / 2007<br>Amount of Each Disbursement this Period<br>274.64<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

|  |  |  |
|--|--|--|
| <b>C. Qwest</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 12480<br>City Seattle State WA Zip Code 98111-4480<br>Purpose of Disbursement phone service<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5226</b><br>Date of Disbursement<br>05 / 29 / 2007<br>Amount of Each Disbursement this Period<br>277.76<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 825.77      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Regence Blue Cross Blue Shield</b>  |  | <b>Transaction ID:</b> D5190<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 1 / 2 0 0 7  |
| Mailing Address 100 SW Market St. PO Box 1271 Ptl<br>City Portland State OR Zip Code 97207-1271  |  | Amount of Each Disbursement this Period<br>206.70   |
| Purpose of Disbursement insurance premium<br>Candidate Name  |  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Regence Blue Cross Blue Shield</b>  |  | <b>Transaction ID:</b> D5191<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7  |
| Mailing Address 100 SW Market St. PO Box 1271 Ptl<br>City Portland State OR Zip Code 97207-1271  |  | Amount of Each Disbursement this Period<br>206.70   |
| Purpose of Disbursement insurance premium<br>Candidate Name  |  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. SCN Public Relations</b>  |  | <b>Transaction ID:</b> D5227<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 7 / 2 0 0 7  |
| Mailing Address 14 Locust Ave.<br>City Kentfield State CA Zip Code 94904   |  | Amount of Each Disbursement this Period<br>504.20   |
| Purpose of Disbursement travel<br>Candidate Name   |  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 917.60 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____  |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17  | <input type="checkbox"/> | 18  | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/>            | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |  |
|--|--|--|
| <b>A. Dale W. Snape</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 8301 Weller Ave<br>City McLean State VA Zip Code 22102<br>Purpose of Disbursement catering<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5132</b><br>Date of Disbursement<br>05 / 23 / 2007<br>Amount of Each Disbursement this Period<br>325.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>* in-kind received |
|--|--|--|

|  |  |   |
|--|--|---|
| <b>B. Sylvester Management Corp.</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 986<br>City Irmo State SC Zip Code 29063<br>Purpose of Disbursement conference fee<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5229</b><br>Date of Disbursement<br>05 / 29 / 2007<br>Amount of Each Disbursement this Period<br>25.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

|  |  |   |
|--|--|---|
| <b>C. The UPS Store</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 818 SW 3rd Ave<br>City Portland State OR Zip Code 97204<br>Purpose of Disbursement postage<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5193</b><br>Date of Disbursement<br>04 / 01 / 2007<br>Amount of Each Disbursement this Period<br>88.70<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 438.70 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____  |

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

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

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

**A.** Full Name (Last, First, Middle Initial)  
The UPS Store

Mailing Address 818 SW 3rd Ave

City Portland State OR Zip Code 97204

Purpose of Disbursement postage

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** D5194  
Date of Disbursement  
M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

Amount of Each Disbursement this Period  
154.03

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
Waldorf Astoria

Mailing Address 301 Park AVenue

City New York State NY Zip Code 10022-6897

Purpose of Disbursement lodging

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** D5195  
Date of Disbursement  
M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

Amount of Each Disbursement this Period  
685.01

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

839.04

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

100992.81

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 83

|                          |     |                          |     |                                     |     |                          |     |
|--------------------------|-----|--------------------------|-----|-------------------------------------|-----|--------------------------|-----|
| <input type="checkbox"/> | 17  | <input type="checkbox"/> | 18  | <input type="checkbox"/>            | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input checked="" type="checkbox"/> | 20c | <input type="checkbox"/> | 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Realtors PAC</b>  |  | Transaction ID: D5173<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7               |  |
| Mailing Address 430 North Michigan Ave.  |  | Amount of Each Disbursement this Period<br>4000.00  |  |
| City Chicago<br>State IL<br>Zip Code 60611   | Purpose of Disbursement<br>contribution refund   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type   |  |

|  |   |                |
|--|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | <b>4000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | <b>4000.00</b> |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 83

|                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17  | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b           |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. ACTBLUE</b>   |  | <b>Transaction ID:</b> D5120C<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 0 1 / 2 0 0 7  |
| Mailing Address PO Box 382110  |  | Amount of Each Disbursement this Period<br>25.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Cambridge State MA Zip Code 02238   | Purpose of Disbursement via ActBlue<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>Earmarked by  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. ACTBLUE</b>   |  | <b>Transaction ID:</b> D5119C<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 0 8 / 2 0 0 7  |
| Mailing Address PO Box 382110  |  | Amount of Each Disbursement this Period<br>25.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Cambridge State MA Zip Code 02238   | Purpose of Disbursement via ActBlue<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>Earmarked by  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. ACTBLUE</b>   |  | <b>Transaction ID:</b> D5125C<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 2 7 / 2 0 0 7  |
| Mailing Address PO Box 382110  |  | Amount of Each Disbursement this Period<br>25.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Cambridge State MA Zip Code 02238   | Purpose of Disbursement via ActBlue<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>Earmarked by  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____ |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 81 / 83

|                          |     |                          |     |                          |     |                                     |     |
|--------------------------|-----|--------------------------|-----|--------------------------|-----|-------------------------------------|-----|
| <input type="checkbox"/> | 17  | <input type="checkbox"/> | 18  | <input type="checkbox"/> | 19a | <input type="checkbox"/>            | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input checked="" type="checkbox"/> | 21  |

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NAME OF COMMITTEE (In Full)  
Dave Wu for US Congress

Full Name (Last, First, Middle Initial)

**A.** ACTBLUE

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238

Purpose of Disbursement  
via ActBlue

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5126C

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

Earmarked by

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

**0.00**

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

**0.00**

**SCHEDULE C (FEC Form 3 )**

**LOANS**

|   |  |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 82 / 83   |
|   | FOR LINE NUMBER: (check only one)<br><input type="checkbox"/> 13a<br><input checked="" type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)  
 Dave Wu for US Congress

**Transaction ID: L2**

|   |  |
|---|--|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Merrill Lynch | Election:<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1211 SW 5th Ave Suite 2400                                  |  |
| City Portland State OR ZIP Code 97204                                       |  |

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 20000.00                | 3950.00                    | 16050.00                                    |

**TERMS**

|  |   |   |   |
|--|---|---|---|
| Date Incurred<br><input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>10 30 1998 | Date Due<br><input type="text"/> 20070924 | Interest Rate<br><input type="text"/> 0 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---|---|

List All Endorsers or Guarantors (if any) to Loan Source

|   |   |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |

|   |                 |
|---|-----------------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | <b>16050.00</b> |
| <b>TOTALS</b> This Period (last page in this line only) ..... | <b>16050.00</b> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 Dave Wu for US Congress

|   |  |
|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor<br>David Wu | Nature of Debt (Purpose):<br>interest on bank loan |
| Mailing Address 3810 SW Martins Lane  |  |
| City State ZIP Code<br>Portland OR 97201  |  |

|  |                              |  |
|--|------------------------------|--|
| Outstanding Balance Beginning This Period<br>7724.23 | <b>Transaction ID: D3463</b> |  |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>0.00  | Outstanding Balance at Close of This Period<br>7724.23 |

|  |   |
|--|---|
| <b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor<br>Thor D. Hesla | Nature of Debt (Purpose):<br>salary bonus |
| Mailing Address 220-3rd St., SE  |   |
| City State ZIP Code<br>Washington DC 20003   |   |

|   |                              |   |
|---|------------------------------|---|
| Outstanding Balance Beginning This Period<br>10000.00 | <b>Transaction ID: D2501</b> |   |
| Amount Incurred This Period<br>0.00                   | Payment This Period<br>0.00  | Outstanding Balance at Close of This Period<br>10000.00 |

|  |          |
|--|----------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional).....                                      | 17724.23 |
| 2) <b>TOTALS</b> This Period (last page this line number only).....                            | 17724.23 |
| 3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....                       |          |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) |          |