

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF STATE PUBLIC RECORDS 14 JUL 15 PM 5:10 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 JASON CONGER FOR US SENATE

ADDRESS (number and street) PO BOX 2058 BEND OR 97709 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00550913 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT

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

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

5. Covering Period 05/01/2014 through 06/30/2014

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 Lisa Lisker Signature of Treasurer Lisa Lisker Date 07/14/2014

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

Office Use Only table with 10 columns and 1 row. FEC FORM 3 (Revised 02/2003)

14020510353

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

JASON CONGER FOR US SENATE

Report Covering the Period: From:

MM / DD / YYYY
05 / 01 / 2014

To:

MM / DD / YYYY
06 / 30 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ..	32456.50	372498.68
(b) Total Contribution Refunds (from Line 20(d)) ..	11085.00	12310.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	21371.50	360188.68
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	43552.53	351669.87
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	343.37
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	43552.53	351326.50
8. Cash on Hand at Close of Reporting Period (from Line 27)...	28862.21	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..	20000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

14020510354

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 48

Write or Type Committee Name

JASON CONGER FOR US SENATE

Report Covering the Period: From:

M M / D D / Y Y Y Y Y Y
05 / 01 / 2014

To:

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

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)...	24086.50	228168.92
(ii) Unitemized.....	7370.00	136079.76
(iii) TOTAL of contributions from individuals	31456.50	364248.68
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	1000.00	8250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	32456.50	372498.68
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	20000.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	20000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..	0.00	343.37
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.03
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	32456.50	392842.08

14020510355

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	43552.53	351669.87
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	11085.00	12310.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	11085.00	12310.00
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	54637.53	363979.87

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	51043.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	32456.50
25. SUBTOTAL (add Line 23 and Line 24)...	83499.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	54637.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	28862.21

14020510356

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 48	
	<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

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)
JASON CONGER FOR US SENATE

A. Full Name (Last, First, Middle Initial)
Richard Barton

Mailing Address **14915 SW 100th Ave**

City **Tigard** State **OR** Zip Code **97224**

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

Name of Employer
Info Requested

Occupation
Info Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY
05 / 20 / 2014

Transaction ID : **SA11A1.10547**

Amount of Each Receipt this Period
1000.00

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

Mailing Address **7624 Kayla Shae St., NE**

City **Keizer** State **OR** Zip Code **97303**

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

Name of Employer
Select Impressions

Occupation
Printer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY
05 / 16 / 2014

Transaction ID : **SA11A1.10329**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Gladys I Biglor

Mailing Address **62139 Cody Rd**

City **Bend** State **OR** Zip Code **97701**

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

Name of Employer
Retired

Occupation
Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY
05 / 13 / 2014

Transaction ID : **SA11A1.10435**

Amount of Each Receipt this Period
475.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2475.00

14020510357

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

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

FOR LINE NUMBER: PAGE 6 OF 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JASON CONGER FOR US SENATE

A. Full Name (Last, First, Middle Initial)
Gladys I Biglor

Mailing Address 62139 Cody Rd

City Bend State OR Zip Code 97701

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 MM / DD / YYYY
 03 / 31 / 2014

Transaction ID : SA11AI.8377

Amount of Each Receipt this Period
 2600.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Gladys I Biglor

Mailing Address 62139 Cody Rd

City Bend State OR Zip Code 97701

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 MM / DD / YYYY
 06 / 24 / 2014

Transaction ID : SA11AI.10735

Amount of Each Receipt this Period
 -2499.53

Reattribute: Jack Souhrada

C. Full Name (Last, First, Middle Initial)
Jared L Black

Mailing Address 3310 NW Panorama Dr

City Bend State OR Zip Code 97701

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

Name of Employer Black Consulting Inc Occupation Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 MM / DD / YYYY
 05 / 09 / 2014

Transaction ID : SA11AI.10580

Amount of Each Receipt this Period
 100.00

740.00

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

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

-2399.53

14020510358

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 48	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) Astrid Blackwell		Date of Receipt MM / DD / YYYY 05 / 16 / 2014
Mailing Address 60887 Ridge Drive		Transaction ID : SA11AI.10595
City Bend	State OR	Zip Code 97702
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer Info Requested	Occupation Info Requested	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) Dan Brattain		Date of Receipt MM / DD / YYYY 03 / 13 / 2014
Mailing Address 907 Midland Way		Transaction ID : SA11AI.8403
City Brookings	State OR	Zip Code 97415
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Self	Occupation Business Owner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	[MEMO ITEM]

Full Name (Last, First, Middle Initial) Dan Brattain		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 907 Midland Way		Transaction ID : SA11AI.10717
City Brookings	State OR	Zip Code 97415
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -100.00	
Name of Employer Self	Occupation Business Owner	Reattribute: Kathy Brattain
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

14020510359

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

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

FOR LINE NUMBER: PAGE 8 OF 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JASON CONGER FOR US SENATE

A. Full Name (Last, First, Middle Initial)
Kathy Brattain

Mailing Address 907 Midland Way

City State Zip Code
Brookings OR 97415

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

Name of Employer Occupation
Self Self

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2014

Transaction ID : SA11AI.10718

Amount of Each Receipt this Period
100.00
Reattribute: Dan Brattain-Primary Debt

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

Mailing Address 61425 Tam McArthur Loop

City State Zip Code
Bend OR 97702

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

Name of Employer Occupation
Info Requested Info Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2014

Transaction ID : SA11AI.10597

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 7994

City State Zip Code
Bend OR 97708

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

Name of Employer Occupation
Self Cabinet Maker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2014

Transaction ID : SA11AI.10360

Amount of Each Receipt this Period
250.00

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

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

600.00

14020510360

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 48
	<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)
JASON CONGER FOR US SENATE

A. Full Name (Last, First, Middle Initial)
Robin Chester

Mailing Address PO Box 7994

City Bend State OR Zip Code 97708

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

Name of Employer Self Occupation Cabinet Maker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
 MM / DD / YYYY
 05 / 15 / 2014

Transaction ID : SA11AI.10361

Amount of Each Receipt this Period
 250.00

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

Mailing Address 4099 SE International Way, #203

City Milwaukie State OR Zip Code 97222

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

Name of Employer Active Telesource Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2373.25

Date of Receipt
 MM / DD / YYYY
 05 / 20 / 2014

Transaction ID : SA11AI.10741

Amount of Each Receipt this Period
 2373.25

In-kind -

C. Full Name (Last, First, Middle Initial)
Deana Freres

Mailing Address 705 Pine St.

City Stayton State OR Zip Code 97383

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2600.00

Date of Receipt
 MM / DD / YYYY
 06 / 24 / 2014

Transaction ID : SA11AI.10740

Amount of Each Receipt this Period
 2600.00

Reattribute: T Freres-Primary Debt

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

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

5223.25

14020510361

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) Diane R Freres		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
A. Mailing Address PO Box 451		Transaction ID : SA11AI.10725
City Stayton	State OR	Zip Code 97383
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00
Name of Employer Self	Occupation Homemaker	Reattribute: Ted F. Freres-Primary Debt
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) Jane H. Freres		Date of Receipt MM / DD / YYYY 06 / 10 / 2014
B. Mailing Address PO Box 276		Transaction ID : SA11AI.10722
City Lyons	State OR	Zip Code 97358
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Self	Occupation Investor	Reattribute: Robert Freres-Primary Debt
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) Robert Freres Jr		Date of Receipt MM / DD / YYYY 11 / 12 / 2013
C. Mailing Address PO Box 276		Transaction ID : SA11AI.5256
City Lyons	State OR	Zip Code 97358
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Freres Lumber Co	Occupation Vice President	[MEMO ITEM]
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional)	3900.00
TOTAL This Period (last page this line number only)	

14020510362

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 48	
	<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)
JASON CONGER FOR US SENATE

A. Full Name (Last, First, Middle Initial)
Robert Freres Jr

Mailing Address **PO Box 276**

City **Lyons** State **OR** Zip Code **97358**

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

Name of Employer **Freres Lumber Co** Occupation **Vice President**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt

MM	DD	YYYY
06	10	2014

Transaction ID : **SA11AI.10721**

Amount of Each Receipt this Period

-2600.00

Reattribute: **Jane Freres**

B. Full Name (Last, First, Middle Initial)
T Tyler Freres

Mailing Address **705 Pine Street**

City **Stayton** State **OR** Zip Code **97383**

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

Name of Employer **Frerers Lumber Co** Occupation **Owner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

MM	DD	YYYY
12	12	2013

Transaction ID : **SA11AI.5264**

Amount of Each Receipt this Period

2600.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
T Tyler Freres

Mailing Address **705 Pine Street**

City **Stayton** State **OR** Zip Code **97383**

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

Name of Employer **Frerers Lumber Co** Occupation **Owner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt

MM	DD	YYYY
06	24	2014

Transaction ID : **SA11AI.10739**

Amount of Each Receipt this Period

-2600.00

Reattribute: **Deana Freres**

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

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

-5200.00

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14020510363

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) Ted F Freres			Date of Receipt MM / DD / YYYY 03 / 21 / 2014		
A. Mailing Address PO Box 451			Transaction ID : SA11AI.8541		
City Stayton	State OR	Zip Code 97383	Amount of Each Receipt this Period 1300.00		
FEC ID number of contributing federal political committee. C		[MEMO ITEM]			
Name of Employer Freres Lumber		Occupation President			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date			

Full Name (Last, First, Middle Initial) Ted F Freres			Date of Receipt MM / DD / YYYY 06 / 12 / 2014		
B. Mailing Address PO Box 451			Transaction ID : SA11AI.10724		
City Stayton	State OR	Zip Code 97383	Amount of Each Receipt this Period -1300.00		
FEC ID number of contributing federal political committee. C		Reattribute: Diane Freres			
Name of Employer Freres Lumber		Occupation President			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date			

Full Name (Last, First, Middle Initial) Carol Gehring			Date of Receipt MM / DD / YYYY 05 / 06 / 2014		
C. Mailing Address 3600 Wallace Rd., NW			Transaction ID : SA11AI.10313		
City Salem	State OR	Zip Code 97304	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Self		Occupation Farming			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1500.00			

SUBTOTAL of Receipts This Page (optional).....			200.00		
TOTAL This Period (last page this line number only).....					

14020510364

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 11d
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JASON CONGER FOR US SENATE

A. Full Name (Last, First, Middle Initial)
Mark Gehring

Mailing Address 3600 Wallace Rd., NW

City	State	Zip Code
Salem	OR	97304

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

Name of Employer	Occupation
Self	Farming

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
05 / 06 / 2014

Transaction ID : SA11AI.10311

Amount of Each Receipt this Period
1500.00

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

Mailing Address 404 SW Columbia St Ste 130

City	State	Zip Code
Bend	OR	97702

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

Name of Employer	Occupation
Self	Financial Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
05 / 09 / 2014

Transaction ID : SA11AI.10387

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Frank Hanna

Mailing Address 5 Concourse Pkwy
Sta. 200

City	State	Zip Code
Atlanta	GA	30328

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

Name of Employer	Occupation
Hanna Capital	Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
05 / 14 / 2014

Transaction ID : SA11AI.10319

Amount of Each Receipt this Period
1000.00

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

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

3000.00

14020510365

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

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

FOR LINE NUMBER: PAGE 14 OF 48
(check only one)

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

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NAME OF COMMITTEE (in Full)
JASON CONGER FOR US SENATE

A. Full Name (Last, First, Middle Initial)
Marcia Harrison

Mailing Address 70 SW Century Dr Ste 100-268

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
05 / 19 / 2014

Transaction ID : SA11AI.10506

Amount of Each Receipt this Period
500.00

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

Mailing Address 20455 Outback Ct

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

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

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
05 / 13 / 2014

Transaction ID : SA11AI.10594

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Suzanne Jensen

Mailing Address 18030 NW Avalon Dr

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

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

Name of Employer NA	Occupation Retired
------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
05 / 13 / 2014

Transaction ID : SA11AI.10444

Amount of Each Receipt this Period
100.00

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

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

700.00

14020510366

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 48	
	<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)
JASON CONGER FOR US SENATE

A. Full Name (Last, First, Middle Initial)
Robert B Kennedy

Mailing Address **4215 SW 58th Street**

City Redmond	State OR	Zip Code 97756
------------------------	--------------------	--------------------------

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2014

Transaction ID : **SA11AI.10515**

Amount of Each Receipt this Period
200.00

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

Mailing Address **70 SW 144th Ave**

City Beaverton	State OR	Zip Code 97006
--------------------------	--------------------	--------------------------

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

Name of Employer Epson Portland Inc	Occupation Accountant
---	---------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2014

Transaction ID : **SA11AI.10335**

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Jodi Klein

Mailing Address **22393 Calgary Dr**

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

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

Name of Employer Self	Occupation Interpreter
---------------------------------	----------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2014

Transaction ID : **SA11AI.10393**

Amount of Each Receipt this Period
75.00

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

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

575.00

14020510367

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

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

FOR LINE NUMBER: PAGE 16 OF 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JASON CONGER FOR US SENATE

A. Full Name (Last, First, Middle Initial)
Stephan Klingman

Mailing Address 60954 Woods Valley Pl

City Bend State OR Zip Code 97702

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Hayden Homes Builder

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
05 / 09 / 2014

Transaction ID : SA11AI.10437

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 6145

City Bend State OR Zip Code 97708

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
State of Oregon State Senator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
05 / 09 / 2014

Transaction ID : SA11AI.10598

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Charlotte Kolzow

Mailing Address 60622 Teton Court

City Bend State OR Zip Code 97702

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Info Requested Info Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
05 / 15 / 2014

Transaction ID : SA11AI.10321

Amount of Each Receipt this Period
1475.00

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

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

2075.00

14020510368

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

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

FOR LINE NUMBER: PAGE 17 OF 48

(check only one)

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

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NAME OF COMMITTEE (In Full)
JASON CONGER FOR US SENATE

A. Full Name (Last, First, Middle Initial)
Charlotte Kolzow

Mailing Address **80622 Teton Court**

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

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

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3125.00

Date of Receipt

MM 05	DD 15	YYYY 2014
-----------------	-----------------	---------------------

Transaction ID : **SA11A1.10322**

Amount of Each Receipt this Period
525.00

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

Mailing Address **1482 Eagle Springs Ct**

City Redmond	State OR	Zip Code 97756
------------------------	--------------------	--------------------------

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt

MM 05	DD 13	YYYY 2014
-----------------	-----------------	---------------------

Transaction ID : **SA11A1.10512**

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Wayne Lannen

Mailing Address **PO Box 9032**

City Bend	State OR	Zip Code 97708
---------------------	--------------------	--------------------------

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

MM 05	DD 13	YYYY 2014
-----------------	-----------------	---------------------

Transaction ID : **SA11A1.10509**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **1125.00**

TOTAL This Period (last page this line number only)..... **1125.00**

14020510369

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

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

FOR LINE NUMBER: PAGE 18 OF 48

(check only one)

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

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NAME OF COMMITTEE (In Full)
JASON CONGER FOR US SENATE

A. Full Name (Last, First, Middle Initial)
Wayne Lannen

Mailing Address PO Box 9032

City Bend State OR Zip Code 97708

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 05 / 13 / 2014

Transaction ID : SA11AI.10599

Amount of Each Receipt this Period 500.00

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

Mailing Address PO Box 28

City Bend State OR Zip Code 97709

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2600.00

Date of Receipt 06 / 22 / 2014

Transaction ID : SA11AI.10732

Amount of Each Receipt this Period 600.00

Reattribute: Theodore Lyster-Primary Debt

C. Full Name (Last, First, Middle Initial)
Theodore C Lyster III

Mailing Address PO Box 28

City Bend State OR Zip Code 97709

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt 10 / 08 / 2013

Transaction ID : SA11AI.6246

Amount of Each Receipt this Period 2600.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... 1100.00

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

14020510370

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

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

FOR LINE NUMBER: PAGE 19 OF 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<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)
JASON CONGER FOR US SENATE

A. Full Name (Last, First, Middle Initial)
Theodore C Lyster III

Mailing Address PO Box 28

City Bend State OR Zip Code 97709

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 4600.00

Date of Receipt MM/DD/YYYY 06/22/2014

Transaction ID : SA11A1.10731

Amount of Each Receipt this Period -600.00
Reattribute: Eloise Lyster

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

Mailing Address 375 18th St NE

City Salem State OR Zip Code 97301

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

Name of Employer Kevin Manix PC Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 400.00

Date of Receipt MM/DD/YYYY 05/06/2014

Transaction ID : SA11A1.10554

Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Kevin Mannix

Mailing Address 375 18th St NE

City Salem State OR Zip Code 97301

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

Name of Employer Kevin Manix PC Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt MM/DD/YYYY 04/21/2014

Transaction ID : SA11A1.9653

Amount of Each Receipt this Period 100.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... -400.00

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

14020510371

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

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

FOR LINE NUMBER: PAGE 20 OF 48
(check only one)

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

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NAME OF COMMITTEE (In Full)
JASON CONGER FOR US SENATE

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

Mailing Address **375 18th St NE**

City Salem	State OR	Zip Code 97301
----------------------	--------------------	--------------------------

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

Name of Employer Kevin Manix PC	Occupation Attorney
---	-------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
MM/DD/YYYY
06/12/2014

Transaction ID : **SA11AI.10728**

Amount of Each Receipt this Period
-100.00
Reattribute: **Susanna Manix**

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

Mailing Address **375 18th St., NE**

City Salem	State OR	Zip Code 97301
----------------------	--------------------	--------------------------

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

Name of Employer Salem Hospital	Occupation Nurse
---	----------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
MM/DD/YYYY
06/12/2014

Transaction ID : **SA11AI.10729**

Amount of Each Receipt this Period
100.00
Reattribute: **Kevin Mannix-Primary Debt**

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

Mailing Address **66592 E Cascade**

City Bend	State OR	Zip Code 97701
---------------------	--------------------	--------------------------

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM/DD/YYYY
05/15/2014

Transaction ID : **SA11AI.10501**

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

14020510372

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

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

FOR LINE NUMBER: PAGE 21 OF 48

(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) Alex Paul			Date of Receipt MM / DD / YYYY 05 / 08 / 2014		
Mailing Address 4125 SW Westdale Dr			Transaction ID : SA11AI.10395		
City Portland	State OR	Zip Code 97221	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00		
Name of Employer AIS LTD		Occupation Investor	Amount of Each Receipt this Period 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	Amount of Each Receipt this Period 250.00		
Full Name (Last, First, Middle Initial) Alex Paul			Date of Receipt MM / DD / YYYY 05 / 15 / 2014		
Mailing Address 4125 SW Westdale Dr			Transaction ID : SA11AI.10432		
City Portland	State OR	Zip Code 97221	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00		
Name of Employer AIS LTD		Occupation Investor	Amount of Each Receipt this Period 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	Amount of Each Receipt this Period 250.00		
Full Name (Last, First, Middle Initial) Goran Samojlorski			Date of Receipt MM / DD / YYYY 05 / 20 / 2014		
Mailing Address 4099 SE International Way, #203			Transaction ID : SA11AI.10744		
City Milwaukie	State OR	Zip Code 97222	Amount of Each Receipt this Period 2373.25 In-kind - Voter Calls		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2373.25		
Name of Employer Active Telesource		Occupation Owner	Amount of Each Receipt this Period 2373.25		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2373.25	Amount of Each Receipt this Period 2373.25		
SUBTOTAL of Receipts This Page (optional).....			2873.25		
TOTAL This Period (last page this line number only).....			2873.25		

14020510373

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 22 OF 48	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
JASON CONGER FOR US SENATE

A. Full Name (Last, First, Middle Initial)
Jamie Sawyer

Mailing Address 21772 NE Repine Dr

City Bend State OR Zip Code 97701

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

Name of Employer D&S Hydraulics Occupation VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
MM / DD / YYYY
05 / 09 / 2014

Transaction ID : SA11AI.10431

Amount of Each Receipt this Period
500.00

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

Mailing Address 62139 Cody Rd.

City Bend State OR Zip Code 97701

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2499.53**

Date of Receipt
MM / DD / YYYY
06 / 24 / 2014

Transaction ID : SA11AI.10736

Amount of Each Receipt this Period
2499.53

Reattribute: Gladys Biglor-Primary Debt

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

Mailing Address PO Box 13500

City Portland State OR Zip Code 97213

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

Name of Employer Thomson Equipment Co Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
05 / 12 / 2014

Transaction ID : SA11AI.10412

Amount of Each Receipt this Period
500.00

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

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

3499.53

14020510374

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

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

FOR LINE NUMBER: PAGE 23 OF 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JASON CONGER FOR US SENATE

A. Full Name (Last, First, Middle Initial)
Tamara Trask

Mailing Address 915 Murphy Avenue

City State Zip Code
Crescent City CA 95531

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2014

Transaction ID : SA11AI.10447

Amount of Each Receipt this Period
150.00

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

Mailing Address 915 Murphy Avenue

City State Zip Code
Crescent City CA 95531

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
340.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2014

Transaction ID : SA11AI.10448

Amount of Each Receipt this Period
40.00

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

Mailing Address PO Box 407

City State Zip Code
Hubbard OR 97032

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

Name of Employer Occupation
Parker Buildign Inc. Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2014

Transaction ID : SA11AI.10327

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2790.00

14020510375

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

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

FOR LINE NUMBER: PAGE 24 OF 48

(check only one)

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

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NAME OF COMMITTEE (In Full)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) Scott Waters			Date of Receipt MM / DD / YYYY 05 / 13 / 2014	
A. Mailing Address 63430 Palla Ln			Transaction ID : SA11AI.10379	
City Bend	State OR	Zip Code 97701	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 600.00	
Name of Employer Harris CapRock		Occupation Engineer	Election Cycle-to-Date 600.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) Maurice Westberg			Date of Receipt MM / DD / YYYY 05 / 06 / 2014	
B. Mailing Address 2376 NE Lakeridge Drive			Transaction ID : SA11AI.10577	
City Bend	State OR	Zip Code 97701	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 270.00	
Name of Employer Info Requested		Occupation Info Requested	Election Cycle-to-Date 270.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) Maria Whitrock			Date of Receipt MM / DD / YYYY 05 / 09 / 2014	
C. Mailing Address 7732 SE Blinkhorn Way			Transaction ID : SA11AI.10454	
City Gladstone	State OR	Zip Code 97027	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00	
Name of Employer Retired		Occupation Retired	Election Cycle-to-Date 500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

SUBTOTAL of Receipts This Page (optional).....			1050.00	
TOTAL This Period (last page this line number only).....				

14020510376

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

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

FOR LINE NUMBER: PAGE 25 OF 48

(check only one)

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

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NAME OF COMMITTEE (In Full)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) Steve Whitrock		Date of Receipt MM / DD / YYYY 05 / 09 / 2014
Mailing Address 7732 SE Blinkhorn Way		Transaction ID : SA11AI.10456
City Gladstone	State OR	Zip Code 97027
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Cynthia Zapotocky		Date of Receipt MM / DD / YYYY 05 / 13 / 2014
Mailing Address PO Box 8672		Transaction ID : SA11AI.10623
City Spokane	State WA	Zip Code 99203
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Info Requested	Occupation Info Requested	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	24086.50

14020510377

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

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

FOR LINE NUMBER: PAGE 26 OF 48

(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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) PATRIOT VOICES PAC		Date of Receipt MM / DD / YYYY 05 / 20 / 2014
Mailing Address 315 FOXTAIL LANE		Transaction ID : SA11C.10624
City SPRING CITY	State PA	
FEC ID number of contributing federal political committee. C00528307		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

14020510378

**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 27 OF 48

<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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial)

A. Acquire Dgital

Mailing Address 113A 17th Ave. South

City Nashville State TN Zip Code 37203

Purpose of Disbursement
Online ads

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
06	27	2014

Amount of Each Disbursement this Period

4932.75

Transaction ID : SB17.10664

Category/
Type

Full Name (Last, First, Middle Initial)

B. Amazon.com

Mailing Address PO Box 81226

City Seattle State WA Zip Code 98108

Purpose of Disbursement
office supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
05	05	2014

Amount of Each Disbursement this Period

99.00

Transaction ID : SB17.10661

Category/
Type

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
05	01	2014

Amount of Each Disbursement this Period

7.95

Transaction ID : SB17.10651

Category/
Type

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

5039.70

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

--

14020510379

**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 28 OF 48

<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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Merchant Fees

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2014

Amount of Each Disbursement this Period

11.30

Transaction ID : SB17.10652

B. Authorize.net

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Merchant Fees

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2014

Amount of Each Disbursement this Period

87.03

Transaction ID : SB17.10653

C. Authorize.net

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Merchant Fees

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2014

Amount of Each Disbursement this Period

23.05

Transaction ID : SB17.10654

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

121.38

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

14020510380

**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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address PO Box 8999		Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.10655
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 06 / 03 / 2014
Mailing Address PO Box 8999		Amount of Each Disbursement this Period 11.00 Transaction ID : SB17.10656
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Authorize.net		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014
Mailing Address PO Box 8999		Amount of Each Disbursement this Period 89.95 Transaction ID : SB17.10657
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	108.90
TOTAL This Period (last page this line number only).....	

14020510381

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 48

<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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address PO Box 8999		Amount of Each Disbursement this Period 227.54 Transaction ID : SB17.10658
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ccAdvertising		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address 14001C Saint Germain Dr. Ste. 353		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.10680
City Centreville	State VA	
Zip Code 20121	Purpose of Disbursement telemarketing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ccAdvertising		Date of Disbursement MM / DD / YYYY 05 / 14 / 2014
Mailing Address 14001C Saint Germain Dr. Ste. 353		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.10681
City Centreville	State VA	
Zip Code 20121	Purpose of Disbursement telemarketing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4227.54
TOTAL This Period (last page this line number only).....	

14020510382

**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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial)

A. ccAdvertising

Mailing Address 14001C Saint Germain Dr.
Ste. 353

City State Zip Code
Centreville VA 20121

Purpose of Disbursement
telemarketing

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2014

Amount of Each Disbursement this Period

2600.00

Transaction ID : SB17.10682

B. Charles Bonnett Trust

Mailing Address 963 SW Simpson Blvd
Ste. 220

City State Zip Code
Bend OR 97702

Purpose of Disbursement
Utilities

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2014

Amount of Each Disbursement this Period

458.92

Transaction ID : SB17.10711

C. Andrea Chiapella

Mailing Address 3035 Gehlar Rd NW Apt 3038

City State Zip Code
Salem OR 97304

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2014

Amount of Each Disbursement this Period

1356.48

Transaction ID : SB17.10641

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

4415.40

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

14020510383

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 48

<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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) A. Gary Clark		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 4099 SE International Way, #203		Amount of Each Disbursement this Period 2373.25 Transaction ID : SB17.10743
City Milwaukie	State OR	
Zip Code 97222	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) B. Jordan Conger		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address PO Box 2058		Amount of Each Disbursement this Period 2327.40 Transaction ID : SB17.10642
City Bend	State OR	
Zip Code 97709	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) c. Morgan Conger		Date of Disbursement MM / DD / YYYY 05 / 02 / 2014
Mailing Address 21056 Gardenia Ave		Amount of Each Disbursement this Period 337.31 Transaction ID : SB17.10631
City Bend	State OR	
Zip Code 97702	Purpose of Disbursement Mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

SUBTOTAL of Disbursements This Page (optional).....	5037.96
TOTAL This Period (last page this line number only).....	

14020510384

**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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) A. Morgan Conger		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address 21056 Gardenia Ave		Amount of Each Disbursement this Period 69.99 Transaction ID : SB17.10630
City Bend	State OR Zip Code 97702	
Purpose of Disbursement Office Supplies-no item required		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Thomas Cuomo		Date of Disbursement MM / DD / YYYY 05 / 01 / 2014
Mailing Address PO Box 2058		Amount of Each Disbursement this Period 27.50 Transaction ID : SB17.10645
City Bend	State OR Zip Code 97709	
Purpose of Disbursement Travel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) c. Thomas Cuomo		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address PO Box 2058		Amount of Each Disbursement this Period 296.04 Transaction ID : SB17.10644
City Bend	State OR Zip Code 97709	
Purpose of Disbursement Salary		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	393.53
TOTAL This Period (last page this line number only).....	

14020510385

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 48

<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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) A. Dennis Dorgan		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address 1502 Eagle Springs Ct		Amount of Each Disbursement this Period 184.13 Transaction ID : SB17.10629
City Redmond	State OR	
Zip Code 97756	Purpose of Disbursement Office Supplies-no item required	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) B. Facebook Ads		Date of Disbursement MM / DD / YYYY 05 / 01 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 10.50 Transaction ID : SB17.10665
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement online ads	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) c. Facebook Ads		Date of Disbursement MM / DD / YYYY 05 / 01 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 493.70 Transaction ID : SB17.10666
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement online ads	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

SUBTOTAL of Disbursements This Page (optional).....	688.33
TOTAL This Period (last page this line number only).....	

14020510386

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 48

<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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial)

A. Facebook Ads

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
online ads

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
06	02	2014

Amount of Each Disbursement this Period

271.87

Transaction ID : SB17.10667

Category/
Type

Full Name (Last, First, Middle Initial)

B. Hotels.com

Mailing Address 10440 N. Central Expwy

City Dallas State TX Zip Code 75231

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
05	02	2014

Amount of Each Disbursement this Period

131.21

Transaction ID : SB17.10692

Category/
Type

Full Name (Last, First, Middle Initial)

C. Huckaby Davis Lisker

Mailing Address 228 S. Washington St., Ste. 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
05	05	2014

Amount of Each Disbursement this Period

4512.35

Transaction ID : SB17.10649

Category/
Type

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

4915.43

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

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14020510387

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 48

<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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) A. Impact Dialing LLC		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address 208 SW 5th Ave., #105		Amount of Each Disbursement this Period -4000.00 Transaction ID : SB17.10333
City Portland	State OR	
Zip Code 97204	Purpose of Disbursement Void check issued 4/7/14	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Impact Dialing LLC		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address 208 SW 5th Ave., #105		Amount of Each Disbursement this Period 1353.96 Transaction ID : SB17.10683
City Portland	State OR	
Zip Code 97204	Purpose of Disbursement Telemarketing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Intuit		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 25.50 Transaction ID : SB17.10674
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Software	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	-2620.54
TOTAL This Period (last page this line number only).....	

14020510388

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 48

<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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) A. Intuit		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 13.47 Transaction ID : SB17.10675
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Software	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Intuit		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 25.50 Transaction ID : SB17.10676
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Software	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Intuit		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 19.50 Transaction ID : SB17.10677
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Software	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	58.47
TOTAL This Period (last page this line number only).....	

14020510389

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 48

<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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) A. Intuit		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 13.47 Transaction ID : SB17.10678
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Software	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. IRS		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address Service Center		Amount of Each Disbursement this Period 1965.34 Transaction ID : SB17.10668
City Ogden	State UT	
Zip Code 84201	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. IRS		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address Service Center		Amount of Each Disbursement this Period 19.74 Transaction ID : SB17.10669
City Ogden	State UT	
Zip Code 84201	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1998.55
TOTAL This Period (last page this line number only).....	

14020510390

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 48

<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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) A. IRS		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address Service Center		Amount of Each Disbursement this Period 3067.12 Transaction ID : SB17.10670
City Ogden	State UT	
Zip Code 84201	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. McLaughlin & Associates		Date of Disbursement MM / DD / YYYY 05 / 14 / 2014
Mailing Address 566 South Route 303		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.10650
City Blauvelt	State NY	
Zip Code 10913	Purpose of Disbursement Media Buy	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Terri Moffett		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 25990 Ferguson Rd.		Amount of Each Disbursement this Period 859.76 Transaction ID : SB17.10643
City Junction City	State OR	
Zip Code 97448	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5926.88
TOTAL This Period (last page this line number only).....	

14020510391

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 48

<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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) A. Terri Moffett		Date of Disbursement 06 / 27 / 2014
Mailing Address 25990 Ferguson Rd.		Amount of Each Disbursement this Period 1196.38 Transaction ID : SB17.10628
City Junction City	State OR	
Purpose of Disbursement mileage/sign materials		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Terri Moffett		Date of Disbursement 06 / 27 / 2014
Mailing Address 25990 Ferguson Rd.		Amount of Each Disbursement this Period 695.00 Transaction ID : SB17.10628.0 [MEMO ITEM]
City Junction City	State OR	
Purpose of Disbursement Mileage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) c. OR Department of Revenue		Date of Disbursement 05 / 14 / 2014
Mailing Address 955 Center St., E		Amount of Each Disbursement this Period 510.19 Transaction ID : SB17.10671
City Salem	State OR	
Purpose of Disbursement Payroll Taxes		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	1706.57
TOTAL This Period (last page this line number only).....	

14020510392

**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)

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<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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial)

A. OR Department of Revenue

Mailing Address 955 Center St., E

City Salem State OR Zip Code 97301

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
06	13	2014

Amount of Each Disbursement this Period

811.72

Transaction ID : SB17.10672

Full Name (Last, First, Middle Initial)

B. OR Department of Revenue

Mailing Address 955 Center St., E

City Salem State OR Zip Code 97301

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
06	30	2014

Amount of Each Disbursement this Period

798.48

Transaction ID : SB17.10673

Full Name (Last, First, Middle Initial)

C. Shelley Reimer

Mailing Address 3006 Douglas Ave.

City Newberg State OR Zip Code 97132

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
05	01	2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.10626

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

4610.20

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

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14020510393

**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)

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<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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) A. Shelley Reimer		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 3006 Douglas Ave.		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.10627
City Newberg	State OR	
Zip Code 97132	Purpose of Disbursement Fundraising Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) B. Richard J Stanfield		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 61011 Brosterhouse Rd.		Amount of Each Disbursement this Period 555.00 Transaction ID : SB17.10685
City Bend	State OR	
Zip Code 97702	Purpose of Disbursement Telemarketing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) C. Goran Samojlorski		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 4099 SE International Way, #203		Amount of Each Disbursement this Period 2373.25 Transaction ID : SB17.10746
City Milwaukie	State OR	
Zip Code 97222	Purpose of Disbursement In-kind - Voter Calls	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

SUBTOTAL of Disbursements This Page (optional).....	3828.25
TOTAL This Period (last page this line number only).....	

14020510394

**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 43 OF 48

<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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) A. Shell Bend		Date of Disbursement MM / DD / YYYY 05 / 10 / 2014
Mailing Address 1144 NE 3rd St.		Amount of Each Disbursement this Period 53.66 Transaction ID : SB17.10704
City Bend	State OR	
Zip Code 97701	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Shell Bend		Date of Disbursement MM / DD / YYYY 05 / 10 / 2014
Mailing Address 1144 NE 3rd St.		Amount of Each Disbursement this Period 39.22 Transaction ID : SB17.10705
City Bend	State OR	
Zip Code 97701	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Shell Bend		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address 1144 NE 3rd St.		Amount of Each Disbursement this Period 34.00 Transaction ID : SB17.10706
City Bend	State OR	
Zip Code 97701	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	126.88
TOTAL This Period (last page this line number only).....	

14020510395

**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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial)
A. Smart Solutions

Mailing Address 2525 NE Twin Knolls Dr., Ste. A

City Bend State OR Zip Code 97701

Purpose of Disbursement Web Services

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 29 / 2014

Amount of Each Disbursement this Period: 39.00

Transaction ID : SB17.10712

Category/Type

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

Mailing Address 2525 NE Twin Knolls Dr., Ste. A

City Bend State OR Zip Code 97701

Purpose of Disbursement Web Services

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 28 / 2014

Amount of Each Disbursement this Period: 39.00

Transaction ID : SB17.10713

Category/Type

Full Name (Last, First, Middle Initial)
C. Triton

Mailing Address 2970 NE Red Oak Dr.

City Bend State OR Zip Code 97701

Purpose of Disbursement Telemarketing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 09 / 2014

Amount of Each Disbursement this Period: 2200.00

Transaction ID : SB17.10687

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 2278.00

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

14020510396

**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)

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<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)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) A. Wells Fargo		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 450 NE Windy Knolls Dr.		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.10646
City Bend	State OR	
Purpose of Disbursement Bank Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Wells Fargo		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 450 NE Windy Knolls Dr.		Amount of Each Disbursement this Period 3.00 Transaction ID : SB17.10647
City Bend	State OR	
Purpose of Disbursement Bank Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

SUBTOTAL of Disbursements This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	42894.43

14020510397

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

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NAME OF COMMITTEE (In Full)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) A. Charlotte Kolzow		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014	
Mailing Address 60622 Teton Court		Amount of Each Disbursement this Period 525.00	
City Bend	State OR	Zip Code 97702	Transaction ID : SB20A.10633
Purpose of Disbursement Refund of Contribution		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Wayne Lannen		Date of Disbursement MM / DD / YYYY 05 / 13 / 2014	
Mailing Address PO Box 9032		Amount of Each Disbursement this Period 500.00	
City Bend	State OR	Zip Code 97708	Transaction ID : SB20A.10640
Purpose of Disbursement Refund of Contribution		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. Theodore C Lyster III		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014	
Mailing Address PO Box 28		Amount of Each Disbursement this Period 2000.00	
City Bend	State OR	Zip Code 97709	Transaction ID : SB20A.10635
Purpose of Disbursement Refund of Contribution		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	3025.00
TOTAL This Period (last page this line number only).....	

14020510398

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

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

NAME OF COMMITTEE (In Full)
JASON CONGER FOR US SENATE

Full Name (Last, First, Middle Initial) A. Lori A Ray		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 21621 NE Butler Market Rd		Amount of Each Disbursement this Period 2600.00
City Bend	State OR Zip Code 97701	
Purpose of Disbursement Refund of Contribution		Transaction ID : SB20A.10636
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. Roderick J Ray		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 21621 NE Butler Market Rd		Amount of Each Disbursement this Period 2600.00
City Bend	State OR Zip Code 97701	
Purpose of Disbursement Refund of Contribution		Transaction ID : SB20A.10637
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) c. Stephen T Waring		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 3333 NW Tetherow Bridge Road		Amount of Each Disbursement this Period 2600.00
City Redmond	State OR Zip Code 97756	
Purpose of Disbursement Refund of Contribution		Transaction ID : SB20A.10639
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	10825.00

14020510399

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.10172

JASON CONGER FOR US SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JASON CONGER

Primary

Mailing Address
PO BOX 2058

General

Other (specify) ▼

City State ZIP Code
BEND OR 97709

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 ^M 25 ^D 2014	On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)...	20000.00
TOTALS This Period (last page in this line only) ..	20000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020510400

JANICY ERICKSON
SECRETARY

NA K MCCALLUM
SUPERINTENDENT
MAIL OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-71
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

7-15-14
Date of Receipt

USPS FIRST CLASS MAIL

Postmark

USPS REGISTERED/CERTIFIED

Postmark

USPS PRIORITY MAIL

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

UPS

DHL

AIRBORNE EXPRESS

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

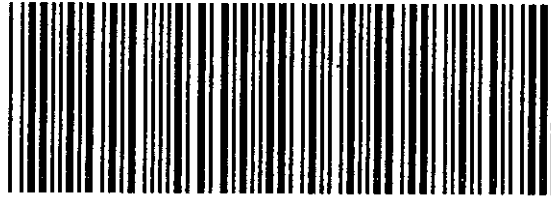
PREPARER

DH

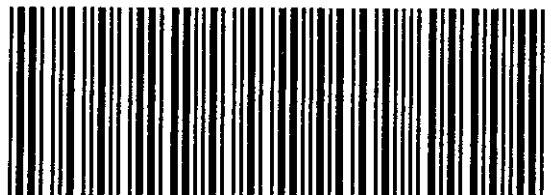
DATE PREPARED

7-15-14

14020510401



SEN PATCH



SEN PATCH

14020510402