25020443445
25020443445

SECRETARY OF THE SENATE

05 OCT 18 AM 11:58

Office Use Only

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

1. NAME OF COMMITTEE (in full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines

Wyden for Senate

ADDRESS (number and street) ▼ PO Box 3498

☐ Check if different than previously reported. (ACC)

Portland | OR | 97208

2. FEC IDENTIFICATION NUMBER ▼ C00308676

CITY ▲ | STATE ▲ | ZIP CODE ▲

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

STATE ▼ DISTRICT: OR

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☒ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)

☐ Convention (12C) ☐ Special (12S)

Election on ☐ ☐ ☐ in the State of ☐

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

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

Election on ☐ ☐ ☐ in the State of ☐

5. Covering Period 07 01 2005 through 09 30 2005

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 Louis Savage

Signature of Treasurer Electronically Filed by [signature] Date 10 10 2005

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

FEC FORM 3
(Revised 02/2003)

25020443446

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Wyden for Senate

Report Covering the Period: From: M M 07 D D 01 Y Y Y Y 2005 To: M M 09 D D 30 Y Y Y Y 2005

	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)).....	5000.00	46420.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	5000.00	46420.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	40507.84	321030.27
(b) Total Offsets to Operating Expenditures (from Line 14).....	23.37	421.21
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	40484.47	320609.06
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1484746.47	
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).....	0.00	

For further information contact:

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

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

25020443447

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Wyden for Senate

Report Covering the Period: From: M M 07 D D 01 Y Y Y Y 2005 To: M M 09 D D 30 Y Y Y Y 2005

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)	1000.00	24085.00
(ii) Unitemized	0.00	2335.00
(iii) TOTAL of contributions from individuals ▶	1000.00	26420.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACS)	4000.00	20000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	5000.00	46420.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	5068.09
13. LOANS (a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	23.37	421.21
15. OTHER RECEIPTS (Dividends, Interest, etc.)	10875.56	35288.55
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	15898.93	87197.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	40507.84	321030.27
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of all Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	67500.00	692620.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▷	108007.84	1013650.27

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	1576855.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)	15898.93
25. SUBTOTAL (add Line 23 and Line 24)	1592754.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	108007.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1484746.47

25020443449

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 60

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (in Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Daniel Toney

Mailing Address 101 Larkspur Landing Circle
Suite 116

City: Larkspur
State: CA
Zip Code: 94939

FEC ID number of contributing federal political committee: C

Name of Employer: Trademark Capital Services

Occupation: Executive

Receipt For: 2010
[X] Primary [ ] General
[ ] Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 07 / 15 / 2005

Transaction ID: SA11A1.18942

Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 1000.00

25020443450

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 60
(check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC
Mailing Address P.O. Box 14082
City: Washington
State: DC
Zip Code: 20044
FEC ID number of contributing federal political committee: C C00358812
Name of Employer
Occupation
Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 30 / 2005
Transaction ID: SA11C.19155
Amount of Each Receipt this Period: 1000.00
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC
Mailing Address P.O. Box 14082
City: Washington
State: DC
Zip Code: 20044
FEC ID number of contributing federal political committee: C C00358812
Name of Employer
Occupation
Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 09 / 30 / 2005
Transaction ID: SA11C.19157
Amount of Each Receipt this Period: 1000.00
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Laborers' Political League
Mailing Address 905 16th St, NW
City: Washington
State: DC
Zip Code: 20006
FEC ID number of contributing federal political committee: C C00007922
Name of Employer
Occupation
Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 09 / 30 / 2005
Transaction ID: SA11C.19152
Amount of Each Receipt this Period: 2000.00
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4000.00

TOTAL This Period (last page this line number only) ▶ 4000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 60
(check only one)
[ ] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [X] 15

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial)
Bank of America
Mailing Address 900 West Trade Street
City: Charlotte State: NC Zip Code: 28255
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 27532.13

Date of Receipt: 07 / 28 / 2005
Transaction ID: SA15.18916
Amount of Each Receipt this Period: 3250.35
Interest
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Bank of America
Mailing Address 900 West Trade Street
City: Charlotte State: NC Zip Code: 28255
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 31412.04

Date of Receipt: 08 / 30 / 2005
Transaction ID: SA15.18917
Amount of Each Receipt this Period: 3879.91
Interest
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Bank of America
Mailing Address 900 West Trade Street
City: Charlotte State: NC Zip Code: 28255
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 35104.99

Date of Receipt: 09 / 30 / 2005
Transaction ID: SA15.19081
Amount of Each Receipt this Period: 3692.95
Interest
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 10823.21

TOTAL This Period (last page this line number only) ▶ 10823.21

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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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

PAGE 8 / 60

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial)
ADP

Transaction ID: SB17.19162
Date of Disbursement
07 / 13 / 2005

Mailing Address 4099 SE International Way
Suite #220

City Milwaukie State OR Zip Code 97220

Amount of Each Disbursement this Period
37.00

Purpose of Disbursement
Payroll Fees

001 Category/Type

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

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

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

Transaction ID: SB17.18890
Date of Disbursement
07 / 15 / 2005

Mailing Address 4099 SE International Way
Suite #220

City Milwaukie State OR Zip Code 97220

Amount of Each Disbursement this Period
49.39

Purpose of Disbursement
Payroll Processing

001 Category/Type

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

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

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

Transaction ID: SB17.18891
Date of Disbursement
07 / 15 / 2005

Mailing Address 4099 SE International Way
Suite #220

City Milwaukie State OR Zip Code 97220

Amount of Each Disbursement this Period
309.48

Purpose of Disbursement
Payroll Taxes

001 Category/Type

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

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 395.87

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

25020443453

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial)
ADP

Mailing Address 4099 SE International Way
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement
Payroll Fees

Candidate Name

Category/Type 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18894
Date of Disbursement 07 / 21 / 2005

Amount of Each Disbursement this Period 4.08

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

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

Mailing Address 4099 SE International Way
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement
Payroll Processing

Candidate Name

Category/Type 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18910
Date of Disbursement 07 / 29 / 2005

Amount of Each Disbursement this Period 46.39

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

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

Mailing Address 4099 SE International Way
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/Type 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18911
Date of Disbursement 07 / 29 / 2005

Amount of Each Disbursement this Period 309.48

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 359.95

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

25020443454

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
ADP

Mailing Address 4099 SE International Way
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement
Payroll Fees

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18925
Date of Disbursement: 08 / 03 / 2005

Amount of Each Disbursement this Period: 6.00

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

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

Mailing Address 4099 SE International Way
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement
Payroll Processing

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18930
Date of Disbursement: 08 / 15 / 2005

Amount of Each Disbursement this Period: 46.39

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

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

Mailing Address 4099 SE International Way
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18931
Date of Disbursement: 08 / 15 / 2005

Amount of Each Disbursement this Period: 309.48

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

SUBTOTAL of Disbursements This Page (optional) ▶ 361.87

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

25020443455

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

PAGE 11 / 80

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
ADP

Mailing Address 4099 SE International Way
Suite #220

City: Milwaukie State: OR Zip Code: 97220

Purpose of Disbursement: Payroll Processing

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18936
Date of Disbursement: 08 / 31 / 2005

Amount of Each Disbursement this Period: 46.39

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

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

Mailing Address 4099 SE International Way
Suite #220

City: Milwaukie State: OR Zip Code: 97220

Purpose of Disbursement: Payroll Taxes

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18937
Date of Disbursement: 09 / 31 / 2005

Amount of Each Disbursement this Period: 309.48

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

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

Mailing Address 4099 SE International Way
Suite #220

City: Milwaukie State: OR Zip Code: 97220

Purpose of Disbursement: Payroll Fees

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.19168
Date of Disbursement: 09 / 07 / 2005

Amount of Each Disbursement this Period: 6.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 361.87

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

25020443456

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial)
ADP

Transaction ID: SB17.19158
Date of Disbursement
09 / 15 / 2005

Mailing Address 4099 SE International Way
Suite #220
City Milwaukie State OR Zip Code 97220

Amount of Each Disbursement this Period
46.39

Purpose of Disbursement
Payroll Processing
Candidate Name

001 Category/Type

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

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

Transaction ID: SB17.19159
Date of Disbursement
09 / 15 / 2005

Mailing Address 4099 SE International Way
Suite #220
City Milwaukie State OR Zip Code 97220

Amount of Each Disbursement this Period
309.48

Purpose of Disbursement
Payroll Taxes
Candidate Name

001 Category/Type

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

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

Transaction ID: SB17.19076
Date of Disbursement
09 / 30 / 2005

Mailing Address 4099 SE International Way
Suite #220
City Milwaukie State OR Zip Code 97220

Amount of Each Disbursement this Period
46.39

Purpose of Disbursement
Payroll Processing
Candidate Name

001 Category/Type

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶ 402.26

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

PAGE 13 / 60

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
ADP

Mailing Address 4099 SE International Way
Suite #220

City: Milwaukie State: OR Zip Code: 97220

Purpose of Disbursement: Payroll Taxes
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.19077
Date of Disbursement: 09 / 30 / 2005
Amount of Each Disbursement this Period: 309.48
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

Mailing Address 911 W. 7th Street

City: Vancouver State: WA Zip Code: 98660

Purpose of Disbursement: Office Moving Expenses
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18697
Date of Disbursement: 07 / 25 / 2005
Amount of Each Disbursement this Period: 304.20
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Aramark Oregon Convention Center

Mailing Address 777 NE MLK Jr. Blvd.

City: Portland State: OR Zip Code: 97232

Purpose of Disbursement: Catering
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.19188
Date of Disbursement: 09 / 08 / 2005
Amount of Each Disbursement this Period: 285.40
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 899.08

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Bank Of America

Mailing Address PO Box 2930

City Phoenix State AZ Zip Code 85062

Purpose of Disbursement
Credit Card

Candidate Name

Category/Type 001

Transaction ID: SB17.18883
Date of Disbursement 07 / 01 / 2005

Amount of Each Disbursement this Period 2546.67

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

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

Mailing Address PO Box 8229

City Aurora State IL Zip Code 60572

Purpose of Disbursement
Cell Phone Equipment

Candidate Name

Category/Type

Transaction ID: SB17.18883.2
Date of Disbursement 07 / 01 / 2005

Amount of Each Disbursement this Period 29.95

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

[MEMO ITEM]

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

C. Full Name (Last, First, Middle Initial)
Riverplace Hotel

Mailing Address 1510 SW Harbor Way

City Portland State OR Zip Code 97201

Purpose of Disbursement
Lodging

Candidate Name

Category/Type 002

Transaction ID: SB17.18883.7
Date of Disbursement 07 / 01 / 2005

Amount of Each Disbursement this Period 105.58

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

[MEMO ITEM]

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶ 2546.67

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial)
Hudson News
Mailing Address One Meadowlands Plaza
City East Rutherford State NJ Zip Code 07073
Purpose of Disbursement Travel Expenses
Candidate Name
Category/Type 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18883.8
Date of Disbursement 07 / 01 / 2005
Amount of Each Disbursement this Period 23.97
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial)
Riverplace Hotel
Mailing Address 1510 SW Harbor Way
City Portland State OR Zip Code 97201
Purpose of Disbursement Lodging
Candidate Name
Category/Type 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18883.10
Date of Disbursement 07 / 01 / 2005
Amount of Each Disbursement this Period 145.68
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
Senators Dining Room
Mailing Address S-120 Capitol
City Washington State DC Zip Code 20510
Purpose of Disbursement Meeting Expenses
Candidate Name
Category/Type 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18883.11
Date of Disbursement 07 / 01 / 2005
Amount of Each Disbursement this Period 22.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 0.00

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

25020443460

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial)
Senators Dining Room

Transaction ID: SB17.18883.12
Date of Disbursement: 07 / 01 / 2005

Mailing Address: S-120 Capitol

City: Washington | State: DC | Zip Code: 20510

Amount of Each Disbursement this Period: 23.00

Purpose of Disbursement: Food and Beverage

Category/Type: 001

Candidate Name:

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

[MEMO ITEM]

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

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

Transaction ID: SB17.18883.13
Date of Disbursement: 07 / 01 / 2005

Mailing Address: 15 E Street NW

City: Washington | State: DC | Zip Code: 20001

Amount of Each Disbursement this Period: 246.33

Purpose of Disbursement: Catering

Category/Type: 003

Candidate Name:

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

[MEMO ITEM]

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

C.
Full Name (Last, First, Middle Initial)
MGM Grand

Transaction ID: SB17.18883.17
Date of Disbursement: 07 / 01 / 2005

Mailing Address: 3799 Las Vegas Blvd. S

City: Las Vegas | State: NV | Zip Code: 89109

Amount of Each Disbursement this Period: 30.78

Purpose of Disbursement: Food and Beverage

Category/Type: 002

Candidate Name:

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

[MEMO ITEM]

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 0.00

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

25020443461

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]
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
MGM Grand

Mailing Address 3799 Las Vegas Blvd. S

City: Las Vegas State: NV Zip Code: 89109

Purpose of Disbursement: Food and Beverage
Candidate Name:
Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18683.18
Date of Disbursement: 07 / 01 / 2005

Amount of Each Disbursement this Period: 25.23

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Washington Flyer Taxi

Mailing Address PO Box 17045

City: Washington State: DC Zip Code: 20041

Purpose of Disbursement: Travel Expenses
Candidate Name:
Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18683.21
Date of Disbursement: 07 / 01 / 2005

Amount of Each Disbursement this Period: 48.00

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Washington Flyer Taxi

Mailing Address PO Box 17045

City: Washington State: DC Zip Code: 20041

Purpose of Disbursement: Travel Expenses
Candidate Name:
Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18683.22
Date of Disbursement: 07 / 01 / 2005

Amount of Each Disbursement this Period: 47.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

25020443462

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Senators Dining Room

Mailing Address S-120 Capitol

City: Washington State: DC Zip Code: 20510

Purpose of Disbursement: Meeting Expenses
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18883.23
Date of Disbursement: 07 / 01 / 2005

Amount of Each Disbursement this Period: 92.00

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

[MEMO ITEM]

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

Mailing Address 1100 NE Broadway

City: Portland State: OR Zip Code: 97232

Purpose of Disbursement: Food and Beverage
Candidate Name:
Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18883.29
Date of Disbursement: 07 / 01 / 2005

Amount of Each Disbursement this Period: 8.00

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Chateaulin Restaurant

Mailing Address 50 East Main Street

City: Ashland State: OR Zip Code: 97520

Purpose of Disbursement: Food and Beverage
Candidate Name:
Category/Type: 003

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18883.30
Date of Disbursement: 07 / 01 / 2005

Amount of Each Disbursement this Period: 256.34

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

25020443463

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial)
Hudson News
Mailing Address One Meadowlands Plaza
City East Rutherford State NJ Zip Code 07073
Purpose of Disbursement
Travel Expenses
Candidate Name
Category/Type 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18883.32
Date of Disbursement 07 / 01 / 2005
Amount of Each Disbursement this Period 16.84
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial)
Riverplace Hotel
Mailing Address 1510 SW Harbor Way
City Portland State OR Zip Code 97201
Purpose of Disbursement
Lodging
Candidate Name
Category/Type 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18883.35
Date of Disbursement 07 / 01 / 2005
Amount of Each Disbursement this Period 117.63
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
Safeway
Mailing Address 1100 NE Broadway
City Portland State OR Zip Code 97232
Purpose of Disbursement
Food and Beverage
Candidate Name
Category/Type 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18883.38
Date of Disbursement 07 / 01 / 2005
Amount of Each Disbursement this Period 12.68
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

25020443464

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial): Cingular Wireless
Mailing Address: PO Box 8229
City: Aurora State: IL Zip Code: 60572
Purpose of Disbursement: Cell Phone Supplies
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18883.44
Date of Disbursement: 07 / 01 / 2005
Amount of Each Disbursement this Period: 34.99
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial): Comcast Cable Comm.
Mailing Address: PO Box 173885
City: Comcast State: CO Zip Code: 80217
Purpose of Disbursement: Internet Service
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18883.45
Date of Disbursement: 07 / 01 / 2005
Amount of Each Disbursement this Period: 55.95
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial): Verizon
Mailing Address: PO Box 1915
City: Bellsville State: MD Zip Code: 20705
Purpose of Disbursement: Internet Service
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18883.46
Date of Disbursement: 07 / 01 / 2005
Amount of Each Disbursement this Period: 43.49
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

25020443465

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial)
Amtrak
Mailing Address 900 2nd Street NE
City Washington State DC Zip Code 20002
Purpose of Disbursement
Travel Expenses
Candidate Name
002 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18883.47
Date of Disbursement 07 / 01 / 2005
Amount of Each Disbursement this Period 154.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial)
Carroll Travel
Mailing Address 201 Massachussetts Avenue NE
City Washington State DC Zip Code 20002
Purpose of Disbursement
Agent Fee
Candidate Name
002 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18883.50
Date of Disbursement 07 / 01 / 2005
Amount of Each Disbursement this Period 25.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
Alaska Air
Mailing Address PO Box 68900
City Seattle State WA Zip Code 98168
Purpose of Disbursement
Airfare
Candidate Name
002 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18883.51
Date of Disbursement 07 / 01 / 2005
Amount of Each Disbursement this Period 115.20
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 0.00

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

25020443466

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Bank Of America

Mailing Address PO Box 2930

City Phoenix State AZ Zip Code 85062

Purpose of Disbursement
Fees

Candidate Name

001 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

Transaction ID: SB17.18683.52
Date of Disbursement 07 / 01 / 2005

Amount of Each Disbursement this Period
35.00

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Bank Of America

Mailing Address PO Box 2930

City Phoenix State AZ Zip Code 85062

Purpose of Disbursement
Finance Charge

Candidate Name

001 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

Transaction ID: SB17.18683.53
Date of Disbursement 07 / 01 / 2005

Amount of Each Disbursement this Period
117.06

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Bank Of America

Mailing Address PO Box 2930

City Phoenix State AZ Zip Code 85062

Purpose of Disbursement
Credit Card Transaction Fees

Candidate Name

001 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

Transaction ID: SB17.18921
Date of Disbursement 07 / 01 / 2005

Amount of Each Disbursement this Period
55.30

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 55.30

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Bank Of America
Mailing Address PO Box 2930
City Phoenix State AZ Zip Code 85062
Purpose of Disbursement
Credit Card Transaction Fees
Candidate Name
Category/Type 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18922
Date of Disbursement 07 / 01 / 2005
Amount of Each Disbursement this Period 40.95
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Bank Of America
Mailing Address PO Box 2930
City Phoenix State AZ Zip Code 85062
Purpose of Disbursement
Credit Card Payment
Candidate Name
Category/Type 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18915
Date of Disbursement 07 / 29 / 2005
Amount of Each Disbursement this Period 3355.95
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Office Depot
Mailing Address 1901 L Street NW
City Washington State DC Zip Code 20036
Purpose of Disbursement
Office Supplies
Candidate Name
Category/Type 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18915.0
Date of Disbursement 07 / 29 / 2005
Amount of Each Disbursement this Period 149.99
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 3396.90

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Bistro Bis

Mailing Address 15 E Street NW

City: Washington State: DC Zip Code: 20001

Purpose of Disbursement: Food and Beverage
Candidate Name:
Category/Type: 003

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18915.3
Date of Disbursement: 07 / 29 / 2005
Amount of Each Disbursement this Period: 117.90
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Washington Flyer Taxi

Mailing Address PO Box 17045

City: Washington State: DC Zip Code: 20041

Purpose of Disbursement: Travel Expenses
Candidate Name:
Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18915.6
Date of Disbursement: 07 / 29 / 2005
Amount of Each Disbursement this Period: 48.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Hudson News

Mailing Address One Meadowlands Plaza

City: East Rutherford State: NJ Zip Code: 07073

Purpose of Disbursement: Travel Expenses
Candidate Name:
Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18915.10
Date of Disbursement: 07 / 29 / 2005
Amount of Each Disbursement this Period: 11.82
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

25020443469

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Riverplace Hotel

Mailing Address 1510 SW Harbor Way

City: Portland State: OR Zip Code: 97201

Purpose of Disbursement: Lodging

Candidate Name

002 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18915.16
Date of Disbursement: 07 / 29 / 2005

Amount of Each Disbursement this Period: 104.63

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

[MEMO ITEM]

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

Mailing Address 1510 SW Harbor Way

City: Portland State: OR Zip Code: 97201

Purpose of Disbursement: Food and Beverage

Candidate Name

002 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18915.17
Date of Disbursement: 07 / 29 / 2005

Amount of Each Disbursement this Period: 25.00

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Hudson News

Mailing Address One Meadowlands Plaza

City: East Rutherford State: NJ Zip Code: 07073

Purpose of Disbursement: Travel Expenses

Candidate Name

002 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18915.18
Date of Disbursement: 07 / 29 / 2005

Amount of Each Disbursement this Period: 8.08

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

25020443470

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial): Hudson News
Mailing Address: One Meadowlands Plaza
City: East Rutherford State: NJ Zip Code: 07073
Purpose of Disbursement: Travel Expenses
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18915.22
Date of Disbursement: 07 / 29 / 2005
Amount of Each Disbursement this Period: 7.83
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial): Senators Dining Room
Mailing Address: S-120 Capitol
City: Washington State: DC Zip Code: 20510
Purpose of Disbursement: Meeting Expenses
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18915.23
Date of Disbursement: 07 / 29 / 2005
Amount of Each Disbursement this Period: 34.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial): Bistro Bis
Mailing Address: 15 E Street NW
City: Washington State: DC Zip Code: 20001
Purpose of Disbursement: Food and Beverage
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18915.25
Date of Disbursement: 07 / 29 / 2005
Amount of Each Disbursement this Period: 561.73
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Office Special Function

Mailing Address United States Senate

City Washington | State DC | Zip Code 20510

Purpose of Disbursement
Catering

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18915.26
Date of Disbursement: 07 / 29 / 2005

Amount of Each Disbursement this Period: 113.40

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

[MEMO ITEM]

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

Mailing Address One Meadowlands Plaza

City East Rutherford | State NJ | Zip Code 07073

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18915.33
Date of Disbursement: 07 / 29 / 2005

Amount of Each Disbursement this Period: 11.30

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Hampton Jitney, Inc.

Mailing Address 395 County Road 39A

City Southampton | State NY | Zip Code 11968

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18915.40
Date of Disbursement: 07 / 29 / 2005

Amount of Each Disbursement this Period: 234.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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25020443472

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial): FedEx
Mailing Address: 942 S Shady Grove Road
City: Memphis State: TN Zip Code: 38120
Purpose of Disbursement: Shipping
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18915.44
Date of Disbursement: 07 / 29 / 2005
Amount of Each Disbursement this Period: 33.73
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial): Comcast Cable Comm.
Mailing Address: PO Box 173885
City: Comcast State: CO Zip Code: 80217
Purpose of Disbursement: Internet Service
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18915.46
Date of Disbursement: 07 / 29 / 2005
Amount of Each Disbursement this Period: 55.95
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial): Carroll Travel
Mailing Address: 201 Massachussetts Avenue NE
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement: Agent Fee
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18915.47
Date of Disbursement: 07 / 29 / 2005
Amount of Each Disbursement this Period: 25.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 2345 Crystal Drive

City Arlington State VA Zip Code 22224

Purpose of Disbursement
Airfare

Candidate Name

002 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

Transaction ID: SB17.18915.48
Date of Disbursement 07 / 29 / 2005

Amount of Each Disbursement this Period
338.90

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

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

Mailing Address PO Box 1915

City Beltsville State MD Zip Code 20705

Purpose of Disbursement
Internet Service

Candidate Name

001 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

Transaction ID: SB17.18915.49
Date of Disbursement 07 / 29 / 2005

Amount of Each Disbursement this Period
43.49

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
Senators Dining Room

Mailing Address S-120 Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement
Meeting Expenses

Candidate Name

001 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

Transaction ID: SB17.18915.50
Date of Disbursement 07 / 29 / 2005

Amount of Each Disbursement this Period
80.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 0.00

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

25020443474

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

PAGE 30 / 60

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Carroll Travel

Mailing Address 201 Massachussetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Agent Fee

Candidate Name

Category/Type 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18915.52
Date of Disbursement 07 / 29 / 2005

Amount of Each Disbursement this Period 25.00

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Senators Dining Room

Mailing Address S-120 Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement
Meeting Expenses

Candidate Name

Category/Type 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18915.55
Date of Disbursement 07 / 29 / 2005

Amount of Each Disbursement this Period 65.00

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
United Air

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
Airfare

Candidate Name

Category/Type 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18915.56
Date of Disbursement 07 / 29 / 2005

Amount of Each Disbursement this Period 228.40

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 0.00

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

25020443475

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial)
Carroll Travel
Mailing Address 201 Massachussetts Avenue NE
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement: Agent Fee
Candidate Name
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18915.57
Date of Disbursement: 07 / 29 / 2005
Amount of Each Disbursement this Period: 25.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial)
FedEx
Mailing Address 942 S Shady Grove Road
City: Memphis State: TN Zip Code: 38120
Purpose of Disbursement: Shipping
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18915.58
Date of Disbursement: 07 / 29 / 2005
Amount of Each Disbursement this Period: 34.11
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
FedEx
Mailing Address 942 S Shady Grove Road
City: Memphis State: TN Zip Code: 38120
Purpose of Disbursement: Shipping
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18915.59
Date of Disbursement: 07 / 29 / 2005
Amount of Each Disbursement this Period: 11.48
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial)
Bank Of America
Mailing Address PO Box 2930
City Phoenix State AZ Zip Code 85062
Purpose of Disbursement
Credit Card Transaction Fees
Candidate Name
Category/Type 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18923
Date of Disbursement 08 / 01 / 2005
Amount of Each Disbursement this Period 54.90
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Bank Of America
Mailing Address PO Box 2930
City Phoenix State AZ Zip Code 85062
Purpose of Disbursement
Credit Card Transaction Fees
Candidate Name
Category/Type 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18924
Date of Disbursement 08 / 01 / 2005
Amount of Each Disbursement this Period 40.95
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Bank of America
Mailing Address PO Box 3977
City Seattle State WA Zip Code 98124
Purpose of Disbursement
Credit Card
Candidate Name
Category/Type 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18935
Date of Disbursement 08 / 25 / 2005
Amount of Each Disbursement this Period 2272.50
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 2368.35

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial): Hudson News
Mailing Address: One Meadowlands Plaza
City: East Rutherford State: NJ Zip Code: 07073
Purpose of Disbursement: Travel Expenses
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18935.4
Date of Disbursement: 08 / 25 / 2005
Amount of Each Disbursement this Period: 6.44
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial): Hudson News
Mailing Address: One Meadowlands Plaza
City: East Rutherford State: NJ Zip Code: 07073
Purpose of Disbursement: Travel Expenses
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18935.15
Date of Disbursement: 08 / 25 / 2005
Amount of Each Disbursement this Period: 18.89
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial): Senators Dining Room
Mailing Address: S-120 Capitol
City: Washington State: DC Zip Code: 20510
Purpose of Disbursement: Meeting Expenses
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18935.19
Date of Disbursement: 08 / 25 / 2005
Amount of Each Disbursement this Period: 72.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
South Buffet

Mailing Address US Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement
Food and Beverage

Candidate Name

001 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18935.28
Date of Disbursement 08 / 25 / 2005

Amount of Each Disbursement this Period
28.90

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

(MEMO ITEM)

B. Full Name (Last, First, Middle Initial)
Senators Dining Room

Mailing Address S-120 Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement
Meeting Expenses

Candidate Name

001 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18935.29
Date of Disbursement 08 / 25 / 2005

Amount of Each Disbursement this Period
50.00

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

(MEMO ITEM)

C. Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 2345 Crystal Drive

City Arlington State VA Zip Code 22224

Purpose of Disbursement
Airfare

Candidate Name

002 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18935.33
Date of Disbursement 08 / 25 / 2005

Amount of Each Disbursement this Period
251.70

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

(MEMO ITEM)

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Hudson News

Mailing Address: One Meadowlands Plaza

City: East Rutherford | State: NJ | Zip Code: 07073

Purpose of Disbursement: Travel Expenses
Candidate Name:
Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18935.34
Date of Disbursement: 08 / 25 / 2005
Amount of Each Disbursement this Period: 21.47
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Hampton Jitney, Inc.

Mailing Address: 395 County Road 39A

City: Southampton | State: NY | Zip Code: 11968

Purpose of Disbursement: Travel Expenses
Candidate Name:
Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18935.35
Date of Disbursement: 08 / 25 / 2005
Amount of Each Disbursement this Period: 58.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Comcast Cable Comm.

Mailing Address: PO Box 173885

City: Comcast | State: CO | Zip Code: 80217

Purpose of Disbursement: Internet Service
Candidate Name:
Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18935.37
Date of Disbursement: 08 / 25 / 2005
Amount of Each Disbursement this Period: 55.95
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

Category/Type 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

Transaction ID: SB17.18935.39
Date of Disbursement 08 / 25 / 2005

Amount of Each Disbursement this Period 21.12

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

[MEMO ITEM]

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

Mailing Address PO Box 1915

City Beltsville State MD Zip Code 20705

Purpose of Disbursement
Internet Service

Candidate Name

Category/Type 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

Transaction ID: SB17.18935.40
Date of Disbursement 08 / 25 / 2005

Amount of Each Disbursement this Period 43.49

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Delta Air

Mailing Address PO Box 20980

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Airfare

Candidate Name

Category/Type 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

Transaction ID: SB17.18935.42
Date of Disbursement 08 / 25 / 2005

Amount of Each Disbursement this Period 115.20

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

25020443481

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Carroll Travel

Mailing Address 201 Massachussetts Avenue NE

City: Washington State: DC Zip Code: 20002

Purpose of Disbursement: Agent Fee

Candidate Name

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18935.43
Date of Disbursement: 08 / 25 / 2005

Amount of Each Disbursement this Period: 25.00

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

[MEMO ITEM]

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

Mailing Address 900 2nd Street NE

City: Washington State: DC Zip Code: 20002

Purpose of Disbursement: Travel Expenses

Candidate Name

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18935.45
Date of Disbursement: 08 / 25 / 2005

Amount of Each Disbursement this Period: 157.00

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

[MEMO ITEM]

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

Mailing Address 942 S Shady Grove Road

City: Memphis State: TN Zip Code: 38120

Purpose of Disbursement: Shipping

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18935.46
Date of Disbursement: 08 / 25 / 2005

Amount of Each Disbursement this Period: 21.63

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 0.00

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

25020443482

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
USPS

Mailing Address 815 NW Hoyt

City Portland State OR Zip Code 97208

Purpose of Disbursement
Postage

Candidate Name

Category/Type 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18935.48
Date of Disbursement 08 / 25 / 2005

Amount of Each Disbursement this Period 28.95

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

[MEMO ITEM]

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

Mailing Address 1901 L Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Office Supplies

Candidate Name

Category/Type 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18935.50
Date of Disbursement 08 / 25 / 2005

Amount of Each Disbursement this Period 108.38

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address PO Box 3977

City Seattle State WA Zip Code 98124

Purpose of Disbursement
Bank Fees

Candidate Name

Category/Type 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18940
Date of Disbursement 08 / 31 / 2005

Amount of Each Disbursement this Period 3.00

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

SUBTOTAL of Disbursements This Page (optional) 3.00

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

25020443483

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial)
Bank Of America
Mailing Address PO Box 2930
City Phoenix State AZ Zip Code 85062
Purpose of Disbursement
Credit Card Transaction Fees
Candidate Name
Category/Type 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18941
Date of Disbursement 09 / 01 / 2005
Amount of Each Disbursement this Period 40.95
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Bank Of America
Mailing Address PO Box 2930
City Phoenix State AZ Zip Code 85062
Purpose of Disbursement
Credit Card Transaction Fees
Candidate Name
Category/Type 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.19164
Date of Disbursement 09 / 01 / 2005
Amount of Each Disbursement this Period 54.90
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Bank Of America
Mailing Address PO Box 2930
City Phoenix State AZ Zip Code 85062
Purpose of Disbursement
Credit Card
Candidate Name
Category/Type 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.19079
Date of Disbursement 09 / 30 / 2005
Amount of Each Disbursement this Period 2786.39
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2881.24

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

25020443484

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Pazzo Restaurant

Mailing Address 627 SW Washington Street

City Portland | State OR | Zip Code 97205

Purpose of Disbursement
Food and Beverage

Candidate Name

Category/Type 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.19079.1
Date of Disbursement 09 / 30 / 2005

Amount of Each Disbursement this Period 208.30

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

[MEMO ITEM]

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

Mailing Address PO Box 66100

City Chicago | State IL | Zip Code 60666

Purpose of Disbursement
Airfare

Candidate Name

Category/Type 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.19079.5
Date of Disbursement 09 / 30 / 2005

Amount of Each Disbursement this Period 365.70

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Alamo Rent a Car

Mailing Address 6929 North Lakewood Avenue
Suite 100

City Tulsa | State OK | Zip Code 74117

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/Type 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.19079.13
Date of Disbursement 09 / 30 / 2005

Amount of Each Disbursement this Period 253.54

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial): Alamo Rent a Car
Mailing Address: 6929 North Lakewood Avenue, Suite 100
City: Tulsa State: OK Zip Code: 74117
Purpose of Disbursement: Travel Expenses
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.19079.19
Date of Disbursement: 09 / 30 / 2005
Amount of Each Disbursement this Period: 25.81
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial): Safeway
Mailing Address: 1100 NE Broadway
City: Portland State: OR Zip Code: 97232
Purpose of Disbursement: Food and Beverage
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.19079.23
Date of Disbursement: 09 / 30 / 2005
Amount of Each Disbursement this Period: 5.48
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial): Safeway
Mailing Address: 1100 NE Broadway
City: Portland State: OR Zip Code: 97232
Purpose of Disbursement: Food and Beverage
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.19079.31
Date of Disbursement: 09 / 30 / 2005
Amount of Each Disbursement this Period: 16.65
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial): Hudson News
Mailing Address: One Meadowlands Plaza
City: East Rutherford State: NJ Zip Code: 07073
Purpose of Disbursement: Travel Expenses
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.19079.32
Date of Disbursement: 09 / 30 / 2005
Amount of Each Disbursement this Period: 17.49
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial): Hudson News
Mailing Address: One Meadowlands Plaza
City: East Rutherford State: NJ Zip Code: 07073
Purpose of Disbursement: Travel Expenses
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.19079.34
Date of Disbursement: 09 / 30 / 2005
Amount of Each Disbursement this Period: 10.98
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial): The Brown Bag
Mailing Address: 7272 Wisconsin Avenue
City: Bethesda State: MD Zip Code: 20814
Purpose of Disbursement: Catering
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.19079.38
Date of Disbursement: 09 / 30 / 2005
Amount of Each Disbursement this Period: 138.65
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 0.00

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

25020443487

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address 900 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel Expenses

Candidate Name

002 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.19079.40
Date of Disbursement 09 / 30 / 2005

Amount of Each Disbursement this Period
80.00

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Senate Gift Shop

Mailing Address State Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement
Volunteer Gifts

Candidate Name

001 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.19079.42
Date of Disbursement 09 / 30 / 2005

Amount of Each Disbursement this Period
117.50

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Seven Feathers Hotel

Mailing Address 146 Chief Miwaleta Lane

City Canyonville State OR Zip Code 97417

Purpose of Disbursement
Lodging

Candidate Name

002 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.19079.46
Date of Disbursement 09 / 30 / 2005

Amount of Each Disbursement this Period
147.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial): Comcast Cable Comm.
Mailing Address: PO Box 173885
City: Comcast State: CO Zip Code: 80217
Purpose of Disbursement: Internet Service
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.19079.47
Date of Disbursement: 09 / 30 / 2005
Amount of Each Disbursement this Period: 55.95
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial): UPS
Mailing Address: PO Box 650580
City: Dallas State: TX Zip Code: 75265
Purpose of Disbursement: Shipping
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.19079.48
Date of Disbursement: 09 / 30 / 2005
Amount of Each Disbursement this Period: 22.17
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial): United Air
Mailing Address: PO Box 66100
City: Chicago State: IL Zip Code: 60666
Purpose of Disbursement: Airfare
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.19079.50
Date of Disbursement: 09 / 30 / 2005
Amount of Each Disbursement this Period: 225.20
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 0.00

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

25020443489

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Carroll Travel

Mailing Address 201 Massachussetts Avenue NE

City: Washington State: DC Zip Code: 20002

Purpose of Disbursement: Agent Fee

Candidate Name

Category/Type: 002

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.19079.51
Date of Disbursement: 09 / 30 / 2005

Amount of Each Disbursement this Period: 25.00

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

[MEMO ITEM]

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

Mailing Address PO Box 1915

City: Beltsville State: MD Zip Code: 20705

Purpose of Disbursement: Internet Service

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.19079.52
Date of Disbursement: 09 / 30 / 2005

Amount of Each Disbursement this Period: 43.25

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Bank Of America

Mailing Address PO Box 2930

City: Phoenix State: AZ Zip Code: 85062

Purpose of Disbursement: Bank Fees

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.19176
Date of Disbursement: 09 / 30 / 2005

Amount of Each Disbursement this Period: 3.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 3.00

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

25020443490

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Cingular Wireless

Mailing Address PO Box 8229

City Aurora | State IL | Zip Code 60572

Purpose of Disbursement
Telephone Service

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18886
Date of Disbursement: 07 / 05 / 2005

Amount of Each Disbursement this Period: 344.42

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

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

Mailing Address PO Box 8229

City Aurora | State IL | Zip Code 60572

Purpose of Disbursement
Telephone Service

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18887
Date of Disbursement: 07 / 05 / 2005

Amount of Each Disbursement this Period: 70.39

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

C. Full Name (Last, First, Middle Initial)
Cingular Wireless

Mailing Address PO Box 8229

City Aurora | State IL | Zip Code 60572

Purpose of Disbursement
Telephone Service

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18888
Date of Disbursement: 07 / 25 / 2005

Amount of Each Disbursement this Period: 63.36

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 478.17

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial)
Cingular Wireless
Mailing Address PO Box 8229
City Aurora State IL Zip Code 60572
Purpose of Disbursement
Telephone Service
Candidate Name
Category/Type 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18899
Date of Disbursement 07 / 25 / 2005
Amount of Each Disbursement this Period 69.16
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Cingular Wireless
Mailing Address PO Box 8229
City Aurora State IL Zip Code 60572
Purpose of Disbursement
Telephone Service
Candidate Name
Category/Type 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18904
Date of Disbursement 07 / 25 / 2005
Amount of Each Disbursement this Period 137.09
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Cingular Wireless
Mailing Address PO Box 8229
City Aurora State IL Zip Code 60572
Purpose of Disbursement
Telephone Service
Candidate Name
Category/Type 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18907
Date of Disbursement 07 / 26 / 2005
Amount of Each Disbursement this Period 344.42
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 550.67

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

25020443492

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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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial): Cingular Wireless
Mailing Address: PO Box 8229
City: Aurora State: IL Zip Code: 60572
Purpose of Disbursement: Telephone Service
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18908
Date of Disbursement: 07 / 28 / 2005
Amount of Each Disbursement this Period: 322.71
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): Cingular Wireless
Mailing Address: PO Box 8229
City: Aurora State: IL Zip Code: 60572
Purpose of Disbursement: Telephone Service
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.19171
Date of Disbursement: 09 / 20 / 2005
Amount of Each Disbursement this Period: 69.93
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Cingular Wireless
Mailing Address: PO Box 8229
City: Aurora State: IL Zip Code: 60572
Purpose of Disbursement: Telephone Service
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.19172
Date of Disbursement: 09 / 20 / 2005
Amount of Each Disbursement this Period: 60.53
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 453.17

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial)
Democratic Conference Luncheon Fund
Mailing Address
City: Washington State: DC Zip Code:
Purpose of Disbursement: Food and Beverage
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.19169
Date of Disbursement: 09 / 08 / 2005
Amount of Each Disbursement this Period: 361.27
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
DEMOCRATIC PARTY OF OREGON
Mailing Address: 232 NE 9th Ave. Suite 105
City: Portland State: OR Zip Code: 97232
Purpose of Disbursement: Rent
Candidate Name: DEMOCRATIC PARTY OF OREGON
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18889
Date of Disbursement: 07 / 05 / 2005
Amount of Each Disbursement this Period: 403.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
DEMOCRATIC PARTY OF OREGON
Mailing Address: 232 NE 9th Ave. Suite 105
City: Portland State: OR Zip Code: 97232
Purpose of Disbursement: Rent
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18928
Date of Disbursement: 06 / 03 / 2005
Amount of Each Disbursement this Period: 403.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1167.27

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

25020443494

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
DEMOCRATIC PARTY OF OREGON

Mailing Address 232 NE 8th Ave.
Suite 105

City Portland | State OR | Zip Code 97232

Purpose of Disbursement
Rent

Candidate Name

001 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

Transaction ID: SB17.19165
Date of Disbursement 09 / 02 / 2005

Amount of Each Disbursement this Period
403.00

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

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

Mailing Address 2911 NE Hancock

City Portland | State OR | Zip Code 97212

Purpose of Disbursement
Accounting Consultant

Candidate Name

001 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

Transaction ID: SB17.18892
Date of Disbursement 07 / 15 / 2005

Amount of Each Disbursement this Period
2415.19

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

C. Full Name (Last, First, Middle Initial)
Kardon, Melissa

Mailing Address 2911 NE Hancock

City Portland | State OR | Zip Code 97212

Purpose of Disbursement
Accounting Consultant

Candidate Name

001 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

Transaction ID: SB17.18913
Date of Disbursement 07 / 29 / 2005

Amount of Each Disbursement this Period
2415.19

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 5233.38

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial)
Kardon, Melissa

Transaction ID: SB17.18932
Date of Disbursement: 08 / 15 / 2005

Mailing Address 2911 NE Hancock

City: Portland State: OR Zip Code: 97212

Amount of Each Disbursement this Period: 2415.19

Purpose of Disbursement: Accounting Consultant

Candidate Name:

Category/Type: 001

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

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

Transaction ID: SB17.18938
Date of Disbursement: 08 / 31 / 2005

Mailing Address 2911 NE Hancock

City: Portland State: OR Zip Code: 97212

Amount of Each Disbursement this Period: 2415.19

Purpose of Disbursement: Accounting Consultant

Candidate Name:

Category/Type: 001

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

C.
Full Name (Last, First, Middle Initial)
Kardon, Melissa

Transaction ID: SB17.19160
Date of Disbursement: 09 / 15 / 2005

Mailing Address 2911 NE Hancock

City: Portland State: OR Zip Code: 97212

Amount of Each Disbursement this Period: 2415.19

Purpose of Disbursement: Accounting Consultant

Candidate Name:

Category/Type: 001

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

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 7245.57

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial): Kardon, Melissa
Mailing Address: 2911 NE Hancock
City: Portland State: OR Zip Code: 97212
Purpose of Disbursement: Cell Phone Reimbursement
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.19173
Date of Disbursement: 09 / 20 / 2005
Amount of Each Disbursement this Period: 660.41
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): Kardon, Melissa
Mailing Address: 2911 NE Hancock
City: Portland State: OR Zip Code: 97212
Purpose of Disbursement: Accounting Consultant
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.19074
Date of Disbursement: 09 / 30 / 2005
Amount of Each Disbursement this Period: 2415.19
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Mandate Media
Mailing Address: 937 NE Webster
City: Portland State: OR Zip Code: 97211
Purpose of Disbursement: Computer Services
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18914
Date of Disbursement: 07 / 29 / 2005
Amount of Each Disbursement this Period: 800.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 4075.60

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

25020443497

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial): Mandate Media
Mailing Address: 937 NE Webster
City: Portland State: OR Zip Code: 97211
Purpose of Disbursement: Computer Consulting
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.19167
Date of Disbursement: 09 / 08 / 2005
Amount of Each Disbursement this Period: 860.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial): Qwest
Mailing Address: PO Box 12489
City: Seattle State: WA Zip Code: 98111
Purpose of Disbursement: Telephone Service
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18895
Date of Disbursement: 07 / 25 / 2005
Amount of Each Disbursement this Period: 236.37
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial): Ron Wyden
Mailing Address: PO Box 3498
City: Portland State: OR Zip Code: 97208
Purpose of Disbursement: Travel Reimbursement
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18934
Date of Disbursement: 08 / 17 / 2005
Amount of Each Disbursement this Period: 1391.53
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2487.90

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

25020443498
25020443498

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial)
SAIF Corporation
Mailing Address 400 High Street SE
City Salem State OR Zip Code 97312
Purpose of Disbursement Workers Comp.
Candidate Name
Category/Type 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18901
Date of Disbursement 07 / 25 / 2005
Amount of Each Disbursement this Period 25.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Sprint
Mailing Address PO Box 152406
City Irvine State TX Zip Code 75015
Purpose of Disbursement Telephone Service
Candidate Name
Category/Type 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18888
Date of Disbursement 07 / 05 / 2005
Amount of Each Disbursement this Period 24.84
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Sprint
Mailing Address PO Box 152406
City Irvine State TX Zip Code 75015
Purpose of Disbursement Telephone Services
Candidate Name
Category/Type 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18927
Date of Disbursement 08 / 12 / 2005
Amount of Each Disbursement this Period 64.86
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 114.70

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

25020443499

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial): Tyree, Jocelyn
Mailing Address: 2803 SE 27th
City: Portland State: OR Zip Code: 97202
Purpose of Disbursement: Salary
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18893
Date of Disbursement: 07 / 15 / 2005
Amount of Each Disbursement this Period: 605.05
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): Tyree, Jocelyn
Mailing Address: 2803 SE 27th
City: Portland State: OR Zip Code: 97202
Purpose of Disbursement: Salary
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18912
Date of Disbursement: 07 / 29 / 2005
Amount of Each Disbursement this Period: 605.05
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Tyree, Jocelyn
Mailing Address: 2803 SE 27th
City: Portland State: OR Zip Code: 97202
Purpose of Disbursement: Salary
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18933
Date of Disbursement: 08 / 15 / 2005
Amount of Each Disbursement this Period: 605.05
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1815.15

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial)
Tyree, Jocelyn
Mailing Address 2803 SE 27th
City Portland State OR Zip Code 97202
Purpose of Disbursement
Salary
Candidate Name
001 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.18939
Date of Disbursement 08 / 31 / 2005
Amount of Each Disbursement this Period 605.05
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Tyree, Jocelyn
Mailing Address 2803 SE 27th
City Portland State OR Zip Code 97202
Purpose of Disbursement
Salary
Candidate Name
001 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.19181
Date of Disbursement 09 / 15 / 2005
Amount of Each Disbursement this Period 605.05
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Tyree, Jocelyn
Mailing Address 2803 SE 27th
City Portland State OR Zip Code 97202
Purpose of Disbursement
Travel Expense Reimbursment
Candidate Name
002 Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: SB17.19175
Date of Disbursement 09 / 23 / 2005
Amount of Each Disbursement this Period 93.09
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1303.19

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Tyree, Jocelyn

Mailing Address 2803 SE 27th

City Portland | State OR | Zip Code 97202

Purpose of Disbursement
Salary

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

Transaction ID: SB17.19075
Date of Disbursement: 09 / 30 / 2005

Amount of Each Disbursement this Period: 605.05

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

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

Mailing Address PO Box 650580

City Dallas | State TX | Zip Code 75265

Purpose of Disbursement
Shipping

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

Transaction ID: SB17.16900
Date of Disbursement: 07 / 25 / 2005

Amount of Each Disbursement this Period: 26.01

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

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

Mailing Address PO Box 1915

City Beltsville | State MD | Zip Code 20705

Purpose of Disbursement
Telephone Service

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify)

Transaction ID: SB17.18884
Date of Disbursement: 07 / 05 / 2005

Amount of Each Disbursement this Period: 37.56

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 668.62

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

25020443502

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
Verizon

Mailing Address PO Box 1915

City Beltsville State MD Zip Code 20705

Purpose of Disbursement
Telephone Service

Candidate Name

001 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18885
Date of Disbursement 07 / 05 / 2005

Amount of Each Disbursement this Period 170.13

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

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

Mailing Address PO Box 1915

City Beltsville State MD Zip Code 20705

Purpose of Disbursement
Telephone Service

Candidate Name

001 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18928
Date of Disbursement 08 / 12 / 2005

Amount of Each Disbursement this Period 142.92

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

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

Mailing Address PO Box 1915

City Beltsville State MD Zip Code 20705

Purpose of Disbursement
Telephone Service

Candidate Name

001 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)

Transaction ID: SB17.18929
Date of Disbursement 08 / 12 / 2005

Amount of Each Disbursement this Period 37.43

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

SUBTOTAL of Disbursements This Page (optional) ▶ 350.48

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

25020443503

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A.
Full Name (Last, First, Middle Initial)
Verizon

Mailing Address PO Box 1915

City Beltsville State MD Zip Code 20705

Purpose of Disbursement
Telephone Service

Candidate Name

001 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

Transaction ID: SB17.19170
Date of Disbursement
09 / 20 / 2005

Amount of Each Disbursement this Period
37.46

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

B.
Full Name (Last, First, Middle Initial)
Witham & Dickey Inc.

Mailing Address PO Box 4625

City Portland State OR Zip Code 97208

Purpose of Disbursement
Printing

Candidate Name

006 Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

Transaction ID: SB17.18909
Date of Disbursement
07 / 28 / 2005

Amount of Each Disbursement this Period
306.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 343.46

TOTAL This Period (last page this line number only) ▶ 40322.69

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

PAGE 60 / 60

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NAME OF COMMITTEE (In Full)
Wyden for Senate

A. Full Name (Last, First, Middle Initial)
DSCC

Mailing Address 120 Maryland

City Washington State DC Zip Code 20002

Purpose of Disbursement
Unlimited Transfer to the DSCC

Candidate Name

011 Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify)

Transaction ID: SB21.19078
Date of Disbursement
09 / 29 / 2005

Amount of Each Disbursement this Period
67500.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 67500.00

TOTAL This Period (last page this line number only) ▶ 67500.00

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SECRETARY

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HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

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PREPARER Elw DATE PREPARED 10-18-05

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