



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Wyden for Senate

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	8825.00	575334.89
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1340.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8825.00	573994.89
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	61872.89	854532.44
(b) Total Offsets to Operating Expenditures (from Line 14).....	47.00	5949.79
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	61825.89	848582.65
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>1408308.70</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

28020212557

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name  
Wyden for Senate

Report Covering the Period:

From:

M M D D Y Y Y Y  
0 1 0 1 2 0 0 8

To:

M M D D Y Y Y Y  
0 3 3 1 2 0 0 8

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).....	4600.00	465026.14
(ii) Unitemized.....	225.00	8308.75
(iii) TOTAL of contributions from individuals..... ▶	4825.00	473334.89
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PAC\$).....	4000.00	102000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	8825.00	575334.89
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	50.00	273518.09
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.).....	47.00	5949.79
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	11543.19	172449.48
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	20465.19	1027252.25

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	61872.89	854532.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	8800.00
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	440.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	900.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1340.00
21. OTHER DISBURSEMENTS.....	100000.00	1165470.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) >	161872.89	2030142.44

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1549716.40
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	20465.19
25. SUBTOTAL (add Line 23 and Line 24).....	1570181.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	161872.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1408308.70

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

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

FOR LINE NUMBER: PAGE 5 / 59

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians

Mailing Address 1245 Fulton Avenue

City

Coos Bay

State

OR

Zip Code

97420

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
03 / 18 / 2008

Transaction ID: SA11AI.22923

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)

Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians

Mailing Address 1245 Fulton Avenue

City

Coos Bay

State

OR

Zip Code

97420

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY  
03 / 18 / 2008

Transaction ID: SA11AI.22925

Amount of Each Receipt this Period

700.00

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

C.

Full Name (Last, First, Middle Initial)

Gary Conley

Mailing Address 151 West 7th Avenue  
Suite 500

City

Eugene

State

OR

Zip Code

97401

FEC ID number of contributing federal political committee.

C

Name of Employer  
Conley Capital Group

Occupation

President

Receipt For: 2010

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
01 / 18 / 2008

Transaction ID: SA11AI.22724

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional) ▶

3500.00

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

28020212560

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

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

FOR LINE NUMBER: PAGE 6 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Paul Fischl

Mailing Address 3107 NE 164th Street

City State Zip Code  
Ridgefield WA 98642

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

Name of Employer Occupation  
None Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

MM / DD / YYYY  
03 / 30 / 2008

Transaction ID: SA11AI.22918

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

Christine Vernier

Mailing Address 1558 SW Upper Hall Street

City State Zip Code  
Portland OR 97201-2563

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

Name of Employer Occupation  
Vernier Software Software Developer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

MM / DD / YYYY  
02 / 05 / 2008

Transaction ID: SA11AI.22727

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

David Vernier

Mailing Address 1558 SW Upper Hall Street

City State Zip Code  
Portland OR 97201

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

Name of Employer Occupation  
Vernier Software CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

MM / DD / YYYY  
02 / 05 / 2008

Transaction ID: SA11AI.22728

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional) ▶

1100.00

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

4600.00

28020212561

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

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

FOR LINE NUMBER: PAGE 7 / 59

(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 Dental Assn PAC

Mailing Address 1111 14th St, NW  
Suite 1200

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

MM / DD / YYYY  
03 / 28 / 2008

Transaction ID: SA11C.22919

Amount of Each Receipt this Period  
2000.00

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

B.

Full Name (Last, First, Middle Initial)

Caremark PAC

Mailing Address 1300 I Street NW  
Suite 525 West

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00384818

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
03 / 14 / 2008

Transaction ID: SA11C.22922

Amount of Each Receipt this Period  
1000.00

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

C.

Full Name (Last, First, Middle Initial)

National Assn. of Postal Supervisors PAC

Mailing Address 1727 King Street  
Suite 400

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00092957

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
01 / 22 / 2008

Transaction ID: SA11C.22730

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) ▶

4000.00

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

4000.00

28020212562

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

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

FOR LINE NUMBER: PAGE 8 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

WYDEN FOR OREGON

Mailing Address 2911 NE HANCOCK STREET

City State Zip Code  
PORTLAND OR 97212

FEC ID number of contributing federal political committee. **C** C00436998

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
268450.00

Date of Receipt

MM / DD / YYYY  
03 / 31 / 2008

Transaction ID: SA12.22945

Amount of Each Receipt this Period

50.00

Transfer

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

B.

Full Name (Last, First, Middle Initial)

Thomas Stewart

Mailing Address 3420 Lakeside Drive

City State Zip Code  
Eugene OR 97401

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

Name of Employer Occupation

Self

Investor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
50.00

Date of Receipt

MM / DD / YYYY  
03 / 13 / 2008

Transaction ID: SA12.22945.0

Amount of Each Receipt this Period

50.00

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

**[MEMO ITEM]**

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

50.00

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

50.00

28020212563

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

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

FOR LINE NUMBER: PAGE 9 / 59  
(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)  
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  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 162922.24  
Date of Receipt 01 / 30 / 2008  
Transaction ID: SA15.22941  
Amount of Each Receipt this Period 2550.53  
Dividend  
 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 PO Box 25118  
City Tampa State FL Zip Code 33622  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 393.63  
Date of Receipt 01 / 31 / 2008  
Transaction ID: SA15.22935  
Amount of Each Receipt this Period 8.89  
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  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 164996.52  
Date of Receipt 02 / 15 / 2008  
Transaction ID: SA15.22811  
Amount of Each Receipt this Period 2074.28  
Dividend  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 4633.70  
TOTAL This Period (last page this line number only)

28020212564

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

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

FOR LINE NUMBER: PAGE 10 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼

169809.02

Date of Receipt

MM / DD / YYYY  
02 / 15 / 2008

Transaction ID: SA15.22812

Amount of Each Receipt this Period

4812.50

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 PO Box 25118

City

Tampa

State

FL

Zip Code

33622

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼

401.95

Date of Receipt

MM / DD / YYYY  
02 / 29 / 2008

Transaction ID: SA15.22936

Amount of Each Receipt this Period

8.32

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

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼

170815.76

Date of Receipt

MM / DD / YYYY  
03 / 28 / 2008

Transaction ID: SA15.22942

Amount of Each Receipt this Period

1006.74

Dividend

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

SUBTOTAL of Receipts This Page (optional)

5827.56

TOTAL This Period (last page this line number only)

28020212565

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

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

FOR LINE NUMBER: PAGE 11 / 59  
(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)  
Bank of America

Mailing Address 900 West Trade Street

City State Zip Code  
Charlotte NC 28255

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 171888.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y Y Y  
 03 / 28 / 2008

Transaction ID: SA15.22943

Amount of Each Receipt this Period  
 1073.03

Dividend  
 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 PO Box 25118

City State Zip Code  
Tampa FL 33622

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 410.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y Y Y  
 03 / 31 / 2008

Transaction ID: SA15.22937

Amount of Each Receipt this Period  
 8.90

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

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1081.93

TOTAL This Period (last page this line number only) ..... ▶ 11543.19

28020212566

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 59

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 Processing Fees  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22765  
Date of Disbursement 01 / 15 / 2008

Amount of Each Disbursement this Period 56.65

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

001  
Category/  
Type

**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

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22890  
Date of Disbursement 01 / 15 / 2008

Amount of Each Disbursement this Period 739.87

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

001  
Category/  
Type

**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 Processing Fees  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22806  
Date of Disbursement 01 / 16 / 2008

Amount of Each Disbursement this Period 49.45

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

001  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 845.97

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

28020212567

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

**A.**

Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB17.22807 Date of Disbursement 01 / 16 / 2008
Mailing Address 4099 SE International Way Suite #220	Amount of Each Disbursement this Period 6.00
City Milwaukie State OR Zip Code 97220	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll Processing Fees	001 Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	

**B.**

Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB17.22808 Date of Disbursement 01 / 22 / 2008
Mailing Address 4099 SE International Way Suite #220	Amount of Each Disbursement this Period 6.72
City Milwaukie State OR Zip Code 97220	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll Taxes	001 Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	

**C.**

Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB17.22898 Date of Disbursement 01 / 31 / 2008
Mailing Address 4099 SE International Way Suite #220	Amount of Each Disbursement this Period 738.04
City Milwaukie State OR Zip Code 97220	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll Taxes	001 Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	750.76
<b>TOTAL</b> This Period (last page this line number only) .....	

28020212568

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

Full Name (Last, First, Middle Initial) ADP		Transaction ID: SB17.22899	
Mailing Address 4099 SE International Way Suite #220		Date of Disbursement 01 / 31 / 2008	
City Milwaukie	State OR	Zip Code 97220	Amount of Each Disbursement this Period 56.65
Purpose of Disbursement Payroll Processing Fees		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:		

Full Name (Last, First, Middle Initial) ADP		Transaction ID: SB17.22905	
Mailing Address 4099 SE International Way Suite #220		Date of Disbursement 02 / 13 / 2008	
City Milwaukie	State OR	Zip Code 97220	Amount of Each Disbursement this Period 6.00
Purpose of Disbursement Payroll Processing Fees		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:		

Full Name (Last, First, Middle Initial) ADP		Transaction ID: SB17.22772	
Mailing Address 4099 SE International Way Suite #220		Date of Disbursement 02 / 15 / 2008	
City Milwaukie	State OR	Zip Code 97220	Amount of Each Disbursement this Period 56.65
Purpose of Disbursement Payroll Processing Fees		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:		

SUBTOTAL of Disbursements This Page (optional) .....	119.30
TOTAL This Period (last page this line number only) .....	

28020212569

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
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

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22900  
Date of Disbursement  
02 / 15 / 2008

Amount of Each Disbursement this Period  
738.23

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

001  
Category/  
Type

**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

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22964  
Date of Disbursement  
02 / 29 / 2008

Amount of Each Disbursement this Period  
642.75

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

001  
Category/  
Type

**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 Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22965  
Date of Disbursement  
02 / 29 / 2008

Amount of Each Disbursement this Period  
56.35

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

001  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 1437.33

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

28020212570

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 59
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

A. Full Name (Last, First, Middle Initial) ADP		Transaction ID: SB17.22910 Date of Disbursement 03 / 12 / 2008
Mailing Address 4099 SE International Way Suite #220		Amount of Each Disbursement this Period 6.00
City Milwaukie State OR Zip Code 97220	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Processing Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B. Full Name (Last, First, Middle Initial) ADP		Transaction ID: SB17.22915 Date of Disbursement 03 / 15 / 2008
Mailing Address 4099 SE International Way Suite #220		Amount of Each Disbursement this Period 642.73
City Milwaukie State OR Zip Code 97220	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

C. Full Name (Last, First, Middle Initial) ADP		Transaction ID: SB17.22916 Date of Disbursement 03 / 15 / 2008
Mailing Address 4099 SE International Way Suite #220		Amount of Each Disbursement this Period 56.35
City Milwaukie State OR Zip Code 97220	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Processing Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) .....	705.08
TOTAL This Period (last page this line number only) .....	

28020212571



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 59
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB17.22756 Date of Disbursement
	Mailing Address P.O. Box 68056	<input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City Anaheim Hills State CA Zip Code 92817-8056	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service	<input type="text" value="154.56"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	001 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB17.22870 Date of Disbursement
	Mailing Address P.O. Box 68056	<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Anaheim Hills State CA Zip Code 92817-8056	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service	<input type="text" value="231.32"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	001 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB17.22873 Date of Disbursement
	Mailing Address P.O. Box 68056	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Anaheim Hills State CA Zip Code 92817-8056	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service	<input type="text" value="207.58"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	001 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional) .....	<input type="text" value="593.46"/>
TOTAL This Period (last page this line number only) .....	<input type="text"/>

28020212573

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 59
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB17.22881 Date of Disbursement 03 / 14 / 2008
	Mailing Address P.O. Box 68056	Amount of Each Disbursement this Period 101.87
	City Anaheim Hills    State CA    Zip Code 92817-8056	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001
	State:    District:	

B.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB17.22886 Date of Disbursement 03 / 18 / 2008
	Mailing Address P.O. Box 68056	Amount of Each Disbursement this Period 113.24
	City Anaheim Hills    State CA    Zip Code 92817-8056	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001
	State:    District:	

C.	Full Name (Last, First, Middle Initial) AT&T Wireless	Transaction ID: SB17.22741 Date of Disbursement 01 / 11 / 2008
	Mailing Address PO Box 549	Amount of Each Disbursement this Period 83.97
	City Beaverton    State OR    Zip Code 97005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001
	State:    District:	

SUBTOTAL of Disbursements This Page (optional) .....	299.08
TOTAL This Period (last page this line number only) .....	

28020212574

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

**A.**

Full Name (Last, First, Middle Initial) Auth.net	Transaction ID: SB17.22805 Date of Disbursement 01 / 03 / 2008
Mailing Address 10800 NE 8th Street Suite 600	Amount of Each Disbursement this Period 20.20
City Bellevue State WA Zip Code 98004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Credit Card Processing Fees	001 Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**B.**

Full Name (Last, First, Middle Initial) Auth.net	Transaction ID: SB17.22966 Date of Disbursement 02 / 04 / 2008
Mailing Address 10800 NE 8th Street Suite 600	Amount of Each Disbursement this Period 20.00
City Bellevue State WA Zip Code 98004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Credit Card Processing Fees	001 Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**C.**

Full Name (Last, First, Middle Initial) Auth.net	Transaction ID: SB17.22939 Date of Disbursement 03 / 04 / 2008
Mailing Address 10800 NE 8th Street Suite 600	Amount of Each Disbursement this Period 20.40
City Bellevue State WA Zip Code 98004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Credit Card Processing Fees	001 Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) .....	60.60
TOTAL This Period (last page this line number only) .....	

23020212575

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 21 / 59
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.	Full Name (Last, First, Middle Initial) Bank Of America	Transaction ID: SB17.22804 Date of Disbursement 01 / 02 / 2008
	Mailing Address PO Box 2930	Amount of Each Disbursement this Period 55.16
	City Phoenix State AZ Zip Code 85062	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Transaction Fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB17.22963 Date of Disbursement 02 / 01 / 2008
	Mailing Address 900 West Trade Street	Amount of Each Disbursement this Period 54.90
	City Charlotte State NC Zip Code 28255	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Merchant Fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB17.22753 Date of Disbursement 02 / 05 / 2008
	Mailing Address 900 West Trade Street	Amount of Each Disbursement this Period 1434.15
	City Charlotte State NC Zip Code 28255	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Payment Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1544.21
<b>TOTAL</b> This Period (last page this line number only) .....	

28020212576

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 59

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

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Dulles Int'l Airport		Transaction ID: SB17.22753.0 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 8	
Mailing Address 1 Aviation Circle		Amount of Each Disbursement this Period 24.81	
City Washington State DC Zip Code 20001	Purpose of Disbursement Travel Expenses Candidate Name	002 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	State: District:		

<b>B.</b> Full Name (Last, First, Middle Initial) Senators Dining Room		Transaction ID: SB17.22753.1 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 8	
Mailing Address S-120 Capitol		Amount of Each Disbursement this Period 50.50	
City Washington State DC Zip Code 20510	Purpose of Disbursement Meeting Expenses Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	State: District:		

<b>C.</b> Full Name (Last, First, Middle Initial) Comcast Cable Comm.		Transaction ID: SB17.22753.3 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 8	
Mailing Address 9605 SW Nimbus Ave		Amount of Each Disbursement this Period 47.95	
City Beaverton State OR Zip Code 97008-7198	Purpose of Disbursement Internet Service Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	0.00

28020212577

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

**A.**

Full Name (Last, First, Middle Initial)  
Dulles Int'l Airport

Mailing Address 1 Aviation Circle

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22753.6  
Date of Disbursement  
02 / 05 / 2008

Amount of Each Disbursement this Period  
28.16

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

002  
Category/  
Type

**B.**

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

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22753.8  
Date of Disbursement  
02 / 05 / 2008

Amount of Each Disbursement this Period  
246.00

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

001  
Category/  
Type

**C.**

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

Mailing Address 9605 SW Nimbus Ave

City Beaverton State OR Zip Code 97008-7198

Purpose of Disbursement  
Internet Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22753.9  
Date of Disbursement  
02 / 05 / 2008

Amount of Each Disbursement this Period  
36.00

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

001  
Category/  
Type

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

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

28020212578

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
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

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22753.10  
Date of Disbursement 02 / 05 / 2008

Amount of Each Disbursement this Period 30.55

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

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Elephants Catering

Mailing Address 1611 SE 7th Street

City Portland State OR Zip Code 97214

Purpose of Disbursement Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22753.11  
Date of Disbursement 02 / 05 / 2008

Amount of Each Disbursement this Period 120.20

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

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22753.13  
Date of Disbursement 02 / 05 / 2008

Amount of Each Disbursement this Period 31.11

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) ..... ▶

28020212579

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

Full Name (Last, First, Middle Initial) Veritable Quandary		Transaction ID: SB17.22753.15 Date of Disbursement 02 / 05 / 2008	
Mailing Address 1220 SW 1st Avenue		Amount of Each Disbursement this Period 31.00	
City Portland State OR Zip Code 97204	Purpose of Disbursement Meeting Expenses Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/Type	

Full Name (Last, First, Middle Initial) Verizon		Transaction ID: SB17.22753.17 Date of Disbursement 02 / 05 / 2008	
Mailing Address PO Box 1915		Amount of Each Disbursement this Period 148.42	
City Beltsville State MD Zip Code 20705	Purpose of Disbursement Telephone Equipment Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/Type	

Full Name (Last, First, Middle Initial) Verizon		Transaction ID: SB17.22753.18 Date of Disbursement 02 / 05 / 2008	
Mailing Address PO Box 1915		Amount of Each Disbursement this Period 232.22	
City Beltsville State MD Zip Code 20705	Purpose of Disbursement Telephone Service Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/Type	

SUBTOTAL of Disbursements This Page (optional) .....	0.00
TOTAL This Period (last page this line number only) .....	0.00

28020212580

**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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17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Starbucks</p> <p>Mailing Address PO Box 3717</p>	<p>Transaction ID: SB17.22753.19 Date of Disbursement MM / DD / YYYY 02 / 05 / 2008</p>	
<p>City State Zip Code Seattle WA 98124</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 5.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b></p>	
<p><b>B.</b> Full Name (Last, First, Middle Initial) Schneiders of Capitol Hill</p> <p>Mailing Address 300 Mass. Avenue NE</p>	<p>Transaction ID: SB17.22753.20 Date of Disbursement MM / DD / YYYY 02 / 05 / 2008</p>	
<p>City State Zip Code Washington DC 20002</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 67.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b></p>	
<p><b>C.</b> Full Name (Last, First, Middle Initial) IMDb</p> <p>Mailing Address P.O. Box 81226</p>	<p>Transaction ID: SB17.22753.22 Date of Disbursement MM / DD / YYYY 02 / 05 / 2008</p>	
<p>City State Zip Code Seattle WA 98108</p> <p>Purpose of Disbursement Internet Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 12.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b></p>	
<p>SUBTOTAL of Disbursements This Page (optional) ..... ▶</p>		<p>0.00</p>
<p>TOTAL This Period (last page this line number only) ..... ▶</p>		<p></p>

28020212581

**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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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 900 West Trade Street

City Charlotte State NC Zip Code 28255

Purpose of Disbursement Investment Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22940  
Date of Disbursement  
02 / 15 / 2008

Amount of Each Disbursement this Period  
4580.08

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

001  
Category/Type

**B.**

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 Payment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22816  
Date of Disbursement  
02 / 29 / 2008

Amount of Each Disbursement this Period  
2888.75

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

001  
Category/Type

**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 Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22816.0  
Date of Disbursement  
02 / 29 / 2008

Amount of Each Disbursement this Period  
39.00

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

001  
Category/Type

**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 7468.83

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

28020212582

**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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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 3977

City State Zip Code  
Seattle WA 98124

Purpose of Disbursement

Credit Card Fees

Candidate Name

001

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22816.1

Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

46.33

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Veritable Quandary

Mailing Address 1220 SW 1st Avenue

City State Zip Code  
Portland OR 97204

Purpose of Disbursement

Meeting Expenses

Candidate Name

001

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22816.3

Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

23.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Broadway Floral

Mailing Address 1638 NE Broadway Street

City State Zip Code  
Portland OR 97232

Purpose of Disbursement

Flowers

Candidate Name

001

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22816.4

Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

60.00

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

Full Name (Last, First, Middle Initial) Veritable Quandary		Transaction ID: SB17.22816.6 Date of Disbursement 02 / 29 / 2008	
Mailing Address 1220 SW 1st Avenue		Amount of Each Disbursement this Period 116.00	
City Portland	State OR	Zip Code 97204	[MEMO ITEM]
Purpose of Disbursement Meeting Expenses		001 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) Heathman Restaurant		Transaction ID: SB17.22816.8 Date of Disbursement 02 / 29 / 2008	
Mailing Address 1001 SW Broadway		Amount of Each Disbursement this Period 70.00	
City Portland	State OR	Zip Code 97205	[MEMO ITEM]
Purpose of Disbursement Meeting Expenses		001 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) Starbucks		Transaction ID: SB17.22816.9 Date of Disbursement 02 / 29 / 2008	
Mailing Address PO Box 3717		Amount of Each Disbursement this Period 5.35	
City Seattle	State WA	Zip Code 98124	[MEMO ITEM]
Purpose of Disbursement Meeting Expense		001 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional) .....	0.00
TOTAL This Period (last page this line number only) .....	0.00

28020212584

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

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

Mailing Address PO Box 3717

City Seattle State WA Zip Code 98124

Purpose of Disbursement Meeting Expense  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17.22816.11  
Date of Disbursement  
02 / 29 / 2008

Amount of Each Disbursement this Period  
5.25

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 Telephone Service  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17.22816.13  
Date of Disbursement  
02 / 29 / 2008

Amount of Each Disbursement this Period  
236.67

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

**C.** Full Name (Last, First, Middle Initial)  
Veritable Quandary

Mailing Address 1220 SW 1st Avenue

City Portland State OR Zip Code 97204

Purpose of Disbursement Meeting Expenses  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17.22816.14  
Date of Disbursement  
02 / 29 / 2008

Amount of Each Disbursement this Period  
114.00

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) ..... ▶

28020212585

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Veritable Quandary</p> <p>Mailing Address 1220 SW 1st Avenue</p> <p>City Portland State OR Zip Code 97204</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.22816.15 Date of Disbursement</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Starbucks</p> <p>Mailing Address PO Box 3717</p> <p>City Seattle State WA Zip Code 98124</p> <p>Purpose of Disbursement Meeting Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.22816.16 Date of Disbursement</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paradies Portland</p> <p>Mailing Address 7000 NE Airport Way Room B1416</p> <p>City Portland State OR Zip Code 97218</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.22816.17 Date of Disbursement</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>		<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		<p></p>

28020212586

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

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

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22816.19

Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

463.08

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Paradies Portland

Mailing Address 7000 NE Airport Way  
Room B1416

City Portland State OR Zip Code 97218

Purpose of Disbursement

Travel Expenses

Candidate Name

002

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22816.22

Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

6.97

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 9605 SW Nimbus Ave

City Beaverton State OR Zip Code 97008-7198

Purpose of Disbursement

Internet Service

Candidate Name

001

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22816.23

Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

47.95

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) ▶

28020212587

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Wyden for Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Paradies Washington National Mailing Address Washington National Airport City Washington State DC Zip Code 20001 Purpose of Disbursement Travel Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.22816.24 Date of Disbursement 02 / 29 / 2008 Amount of Each Disbursement this Period 16.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Schneiders of Capitol Hill Mailing Address 300 Mass. Avenue NE City Washington State DC Zip Code 20002 Purpose of Disbursement Meeting Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.22816.25 Date of Disbursement 02 / 29 / 2008 Amount of Each Disbursement this Period 39.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Paradies Washington National Mailing Address Washington National Airport City Washington State DC Zip Code 20001 Purpose of Disbursement Travel Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.22816.29 Date of Disbursement 02 / 29 / 2008 Amount of Each Disbursement this Period 11.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
SUBTOTAL of Disbursements This Page (optional) ..... ▶		0.00
TOTAL This Period (last page this line number only) ..... ▶		_____

28020212588

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

**A.**

Full Name (Last, First, Middle Initial)  
Paradies Washington National

Mailing Address Washington National Airport

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22816.30  
Date of Disbursement  
02 / 29 / 2008

Amount of Each Disbursement this Period  
4.66

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

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22816.33  
Date of Disbursement  
02 / 29 / 2008

Amount of Each Disbursement this Period  
46.50

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

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Starbucks

Mailing Address PO Box 3717

City Seattle State WA Zip Code 98124

Purpose of Disbursement  
Meeting Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22816.35  
Date of Disbursement  
02 / 29 / 2008

Amount of Each Disbursement this Period  
3.40

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) ..... ▶

28020212589

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

Full Name (Last, First, Middle Initial) Carroll Travel		Transaction ID: SB17.22816.36 Date of Disbursement 02 / 29 / 2008	
Mailing Address 201 Massachussetts Avenue NE		Amount of Each Disbursement this Period 30.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement Travel Agent Fee Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 002	

Full Name (Last, First, Middle Initial) United Air		Transaction ID: SB17.22816.37 Date of Disbursement 02 / 29 / 2008	
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 505.00	
City Chicago State IL Zip Code 60666	Purpose of Disbursement Airfare Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 002	

Full Name (Last, First, Middle Initial) IMDb		Transaction ID: SB17.22816.40 Date of Disbursement 02 / 29 / 2008	
Mailing Address P.O. Box 81226		Amount of Each Disbursement this Period 12.95	
City Seattle State WA Zip Code 98108	Purpose of Disbursement Internet Service Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 001	

SUBTOTAL of Disbursements This Page (optional) .....	0.00
TOTAL This Period (last page this line number only) .....	0.00

28020212590

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

Full Name (Last, First, Middle Initial) Zupan's Market		Transaction ID: SB17.22816.41 Date of Disbursement																									
Mailing Address 7223 NE Hazel Dell Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	2	/	2	9	/	2	0	0	8		
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
0	2	/	2	9	/	2	0	0	8																		
City Vancouver	State WA	Zip Code 98665																									
Purpose of Disbursement Catering		<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type		001																							
001																											
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>																									
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								
State:	District:																										

Full Name (Last, First, Middle Initial) City Club of Portland		Transaction ID: SB17.22816.42 Date of Disbursement																									
Mailing Address 901 SW Washington St.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	2	/	2	9	/	2	0	0	8		
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
0	2	/	2	9	/	2	0	0	8																		
City Portland	State OR	Zip Code 97205																									
Purpose of Disbursement Meeting Expense		<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type		001																							
001																											
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>																									
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								
State:	District:																										

Full Name (Last, First, Middle Initial) Comcast Cable Comm.		Transaction ID: SB17.22816.43 Date of Disbursement																									
Mailing Address 9605 SW Nimbus Ave		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	2	/	2	9	/	2	0	0	8		
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
0	2	/	2	9	/	2	0	0	8																		
City Beaverton	State OR	Zip Code 97008-7198																									
Purpose of Disbursement Internet Service		<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type		001																							
001																											
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>																									
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								
State:	District:																										

SUBTOTAL of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
TOTAL This Period (last page this line number only) .....	<table border="1"> <tr> <td> </td> </tr> </table>	

28020212591

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

<p>A. Full Name (Last, First, Middle Initial) Bank Of America</p>		<p>Transaction ID: SB17.22938 Date of Disbursement</p>	
<p>Mailing Address PO Box 2930</p>		<p><input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="2008"/> <input type="text" value="2008"/></p>	
<p>City Phoenix</p>	<p>State AZ</p>	<p>Zip Code 85062</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Credit Card Transaction Fees</p>		<p><input type="text" value="001"/> Category/Type</p>	<p><input type="text" value="77.80"/></p>
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>B. Full Name (Last, First, Middle Initial) Bank of America</p>		<p>Transaction ID: SB17.22876 Date of Disbursement</p>	
<p>Mailing Address PO Box 3977</p>		<p><input type="text" value="03"/> <input type="text" value="11"/> / <input type="text" value="11"/> <input type="text" value="11"/> / <input type="text" value="2008"/> <input type="text" value="2008"/></p>	
<p>City Seattle</p>	<p>State WA</p>	<p>Zip Code 98124</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement 2007 1120POL Federal Tax</p>		<p><input type="text" value="001"/> Category/Type</p>	<p><input type="text" value="6854.85"/></p>
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>C. Full Name (Last, First, Middle Initial) Bank Of America</p>		<p>Transaction ID: SB17.22889 Date of Disbursement</p>	
<p>Mailing Address PO Box 2930</p>		<p><input type="text" value="03"/> <input type="text" value="18"/> / <input type="text" value="18"/> <input type="text" value="18"/> / <input type="text" value="2008"/> <input type="text" value="2008"/></p>	
<p>City Phoenix</p>	<p>State AZ</p>	<p>Zip Code 85062</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Credit Card Transaction Fees</p>		<p><input type="text" value="001"/> Category/Type</p>	<p><input type="text" value="41.40"/></p>
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>SUBTOTAL of Disbursements This Page (optional) .....</p>	<p><input type="text" value="6974.05"/></p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

28020212592

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Blue State Digital

Mailing Address 734 15th Street NW  
Suite 1000

City Washington State DC Zip Code 20005

Purpose of Disbursement

Website Hosting

Candidate Name

001

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22802

Date of Disbursement

01 / 01 / 2008

Amount of Each Disbursement this Period

1551.10

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

B.

Full Name (Last, First, Middle Initial)

Blue State Digital

Mailing Address 734 15th Street NW  
Suite 1000

City Washington State DC Zip Code 20005

Purpose of Disbursement

Website Hosting

Candidate Name

001

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22737

Date of Disbursement

01 / 11 / 2008

Amount of Each Disbursement this Period

1550.55

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

C.

Full Name (Last, First, Middle Initial)

Blue State Digital

Mailing Address 734 15th Street NW  
Suite 1000

City Washington State DC Zip Code 20005

Purpose of Disbursement

Website Hosting

Candidate Name

001

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22747

Date of Disbursement

02 / 05 / 2008

Amount of Each Disbursement this Period

1550.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

4651.65

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)

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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)  
Blue State Digital

Mailing Address 734 15th Street NW  
Suite 1000

City Washington State DC Zip Code 20005

Purpose of Disbursement Website Hosting Category/Type 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22877  
Date of Disbursement 03 / 11 / 2008

Amount of Each Disbursement this Period 1551.10

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

**B.**

Full Name (Last, First, Middle Initial)  
Blue State Digital

Mailing Address 734 15th Street NW  
Suite 1000

City Washington State DC Zip Code 20005

Purpose of Disbursement Website Hosting Category/Type 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22878  
Date of Disbursement 03 / 14 / 2008

Amount of Each Disbursement this Period 404.40

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

**C.**

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

Mailing Address 9605 SW Nimbus Ave

City Beaverton State OR Zip Code 97008-7198

Purpose of Disbursement Internet Service Category/Type 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22735  
Date of Disbursement 01 / 09 / 2008

Amount of Each Disbursement this Period 55.95

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 2011.45

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

28020212594

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

**A.**

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

Mailing Address 9605 SW Nimbus Ave

City Beaverton State OR Zip Code 97008-7198

Purpose of Disbursement Internet Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22760  
Date of Disbursement 02 / 20 / 2008

Amount of Each Disbursement this Period 55.95

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

**B.**

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

Mailing Address 9605 SW Nimbus Ave

City Beaverton State OR Zip Code 97008-7198

Purpose of Disbursement Internet Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22875  
Date of Disbursement 03 / 10 / 2008

Amount of Each Disbursement this Period 55.95

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

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22731  
Date of Disbursement 01 / 02 / 2008

Amount of Each Disbursement this Period 413.00

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 524.90

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

28020212595

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ITEMIZED DISBURSEMENTS**

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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 PARTY OF OREGON

Mailing Address 232 NE 9th Ave.  
Suite 105

City Portland State OR Zip Code 97232

Purpose of Disbursement Rent  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22751  
Date of Disbursement  
02 / 05 / 2008

Amount of Each Disbursement this Period  
413.00

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

001  
Category/  
Type

**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

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22968  
Date of Disbursement  
03 / 04 / 2008

Amount of Each Disbursement this Period  
413.00

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

001  
Category/  
Type

**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 Telephone Service  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22883  
Date of Disbursement  
03 / 18 / 2008

Amount of Each Disbursement this Period  
70.00

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

001  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 896.00

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

20020212596

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Joshua Kardon		Transaction ID: SB17.22906 Date of Disbursement 02 / 29 / 2008	
Mailing Address 2911 NE Hancock Street		Amount of Each Disbursement this Period 802.12	
City Portland State OR Zip Code 97212	Purpose of Disbursement Salary <input type="checkbox"/> <input checked="" type="checkbox"/> 001 Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Joshua Kardon		Transaction ID: SB17.22912 Date of Disbursement 03 / 15 / 2008	
Mailing Address 2911 NE Hancock Street		Amount of Each Disbursement this Period 802.12	
City Portland State OR Zip Code 97212	Purpose of Disbursement Salary <input type="checkbox"/> <input checked="" type="checkbox"/> 001 Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Joshua Kardon		Transaction ID: SB17.22929 Date of Disbursement 03 / 31 / 2008	
Mailing Address 2911 NE Hancock Street		Amount of Each Disbursement this Period 802.12	
City Portland State OR Zip Code 97212	Purpose of Disbursement Salary <input type="checkbox"/> <input checked="" type="checkbox"/> 001 Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ..... ▶	2406.36
TOTAL This Period (last page this line number only) ..... ▶	[ ]

28020212597



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
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  
Accounting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22908  
Date of Disbursement  
02 / 29 / 2008

Amount of Each Disbursement this Period  
998.79

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

001  
Category/  
Type

**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 Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22913  
Date of Disbursement  
03 / 15 / 2008

Amount of Each Disbursement this Period  
998.79

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

001  
Category/  
Type

**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 Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22930  
Date of Disbursement  
03 / 31 / 2008

Amount of Each Disbursement this Period  
998.79

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

001  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 2996.37

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

28020212599

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 59
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

**A.**

Full Name (Last, First, Middle Initial)  
Mandate Media

Transaction ID: SB17.22736  
Date of Disbursement  
01 / 11 / 2008

Mailing Address 937 NE Webster

City Portland State OR Zip Code 97211

Purpose of Disbursement Website Maintenance  
Candidate Name

001  
Category/Type

Amount of Each Disbursement this Period  
4000.00

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

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)  
Mandate Media

Transaction ID: SB17.22759  
Date of Disbursement  
02 / 12 / 2008

Mailing Address 937 NE Webster

City Portland State OR Zip Code 97211

Purpose of Disbursement Website Maintenance  
Candidate Name

001  
Category/Type

Amount of Each Disbursement this Period  
4000.00

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

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)  
Moba Media

Transaction ID: SB17.22732  
Date of Disbursement  
01 / 04 / 2008

Mailing Address PO Box 1593

City Portland State OR Zip Code 97207

Purpose of Disbursement Press Clipping Service  
Candidate Name

001  
Category/Type

Amount of Each Disbursement this Period  
272.00

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

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 8272.00

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

28020212600

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Neb's Cafe</p> <p>Mailing Address 201 Massachusetts Avenue NE</p>	<p>Transaction ID: SB17.22733 Date of Disbursement 01 / 04 / 2008</p>
<p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Catering <b>002</b> Candidate Name Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Amount of Each Disbursement this Period 279.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) NGP Software</p> <p>Mailing Address 1225 Eye Street NW Suite 1225</p>	<p>Transaction ID: SB17.22746 Date of Disbursement 01 / 22 / 2008</p>
<p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Database Maintenance <b>001</b> Candidate Name Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Amount of Each Disbursement this Period 2250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ms. Lisa Rockower</p> <p>Mailing Address 4701 SW Dosch Road</p>	<p>Transaction ID: SB17.22893 Date of Disbursement 01 / 15 / 2008</p>
<p>City Portland State OR Zip Code 97239</p> <p>Purpose of Disbursement Salary <b>001</b> Candidate Name Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Amount of Each Disbursement this Period 706.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>3235.96</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p></p>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 / 59	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.	Full Name (Last, First, Middle Initial) Ms. Lisa Rockower	Transaction ID: SB17.22896 Date of Disbursement 01 / 31 / 2008
	Mailing Address 4701 SW Dosch Road	Amount of Each Disbursement this Period 706.56
	City Portland State OR Zip Code 97239	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name Category/Type 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Ms. Lisa Rockower	Transaction ID: SB17.22815 Date of Disbursement 02 / 15 / 2008
	Mailing Address 4701 SW Dosch Road	Amount of Each Disbursement this Period 581.08
	City Portland State OR Zip Code 97239	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement for Travel Expenses Candidate Name Category/Type 002	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Ms. Lisa Rockower	Transaction ID: SB17.22903 Date of Disbursement 02 / 15 / 2008
	Mailing Address 4701 SW Dosch Road	Amount of Each Disbursement this Period 706.56
	City Portland State OR Zip Code 97239	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name Category/Type 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional) .....	1994.20
TOTAL This Period (last page this line number only) .....	

28020212602

**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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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)  
Ron Wyden

Mailing Address PO Box 3498

City Portland State OR Zip Code 97208

Purpose of Disbursement Reimbursement for Travel Expenses  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22809  
Date of Disbursement 02 / 22 / 2008

Amount of Each Disbursement this Period 246.75

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

002  
Category/  
Type

**B.** 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 Insurance  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22879  
Date of Disbursement 03 / 14 / 2008

Amount of Each Disbursement this Period 529.37

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

001  
Category/  
Type

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

Mailing Address 7915 SE Hawthorne Blvd

City Portland State OR Zip Code 97215

Purpose of Disbursement Web Support  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22882  
Date of Disbursement 03 / 18 / 2008

Amount of Each Disbursement this Period 720.00

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

001  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 1496.12

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

28020212603

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

**A.**

Full Name (Last, First, Middle Initial)  
Sprint

Transaction ID: SB17.22743  
Date of Disbursement  
01 / 22 / 2008

Mailing Address PO Box 152406

Amount of Each Disbursement this Period  
46.12

City Irvine State TX Zip Code 75015

Purpose of Disbursement Telephone Service  
Candidate Name

001  
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

**B.**

Full Name (Last, First, Middle Initial)  
Sprint

Transaction ID: SB17.22757  
Date of Disbursement  
02 / 05 / 2008

Mailing Address PO Box 152406

Amount of Each Disbursement this Period  
19.50

City Irvine State TX Zip Code 75015

Purpose of Disbursement Telephone Service  
Candidate Name

001  
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

**C.**

Full Name (Last, First, Middle Initial)  
Sprint

Transaction ID: SB17.22869  
Date of Disbursement  
02 / 29 / 2008

Mailing Address PO Box 152406

Amount of Each Disbursement this Period  
5.57

City Irvine State TX Zip Code 75015

Purpose of Disbursement Telephone Service  
Candidate Name

001  
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 71.19

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

28020212604

**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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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)  
The Portland Observer

Mailing Address 4747 NE MLK Jr. Blvd

City State Zip Code  
Portland OR 97211

Purpose of Disbursement  
Advertisement  
Candidate Name

004  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.22754  
Date of Disbursement

02 / 05 / 2008

Amount of Each Disbursement this Period

400.00

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 8935 SW Bellflower Street

City State Zip Code  
Tigard OR 97224

Purpose of Disbursement  
Salary  
Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.22894  
Date of Disbursement

01 / 15 / 2008

Amount of Each Disbursement this Period

613.73

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 8935 SW Bellflower Street

City State Zip Code  
Tigard OR 97224

Purpose of Disbursement  
Salary  
Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.22897  
Date of Disbursement

01 / 31 / 2008

Amount of Each Disbursement this Period

613.73

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

SUBTOTAL of Disbursements This Page (optional) ▶

1627.46

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

28020212605

**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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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 8935 SW Bellflower Street

City State Zip Code  
Tigard OR 97224

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22904

Date of Disbursement

02 / 15 / 2008

Amount of Each Disbursement this Period

613.73

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 8935 SW Bellflower Street

City State Zip Code  
Tigard OR 97224

Purpose of Disbursement  
Reimbursement for Travel and Telephone

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22810

Date of Disbursement

02 / 22 / 2008

Amount of Each Disbursement this Period

75.04

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 8935 SW Bellflower Street

City State Zip Code  
Tigard OR 97224

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22909

Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

613.72

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

SUBTOTAL of Disbursements This Page (optional) ▶

1302.49

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

28020212606

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.

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

Mailing Address 8935 SW Bellflower Street

City State Zip Code  
Tigard OR 97224

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22914  
Date of Disbursement

03 / 15 / 2008

Amount of Each Disbursement this Period

613.73

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 8935 SW Bellflower Street

City State Zip Code  
Tigard OR 97224

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22931  
Date of Disbursement

03 / 31 / 2008

Amount of Each Disbursement this Period

613.73

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

C.

Full Name (Last, First, Middle Initial)  
UPS

Mailing Address PO Box 650580

City State Zip Code  
Dallas TX 75265

Purpose of Disbursement  
Shipping

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.22745  
Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

33.28

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

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

1260.74

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)

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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)  
UPS

Transaction ID: SB17.22750  
Date of Disbursement

Mailing Address PO Box 650580

M M /  D D /  Y Y Y Y Y Y  
02 / 05 / 2008

City State Zip Code  
Dallas TX 75265

Amount of Each Disbursement this Period

63.81

Purpose of Disbursement  
Shipping

001  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
UPS

Transaction ID: SB17.22752  
Date of Disbursement

Mailing Address PO Box 650580

M M /  D D /  Y Y Y Y Y Y  
02 / 05 / 2008

City State Zip Code  
Dallas TX 75265

Amount of Each Disbursement this Period

33.28

Purpose of Disbursement  
Shipping

001  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
UPS

Transaction ID: SB17.22884  
Date of Disbursement

Mailing Address PO Box 650580

M M /  D D /  Y Y Y Y Y Y  
03 / 18 / 2008

City State Zip Code  
Dallas TX 75265

Amount of Each Disbursement this Period

26.72

Purpose of Disbursement  
Shipping

001  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

123.81

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

28020212508

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 59

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 Post Office Box Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22814  
Date of Disbursement 02 / 22 / 2008

Amount of Each Disbursement this Period 104.00

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

001  
Category/Type

**B.**

Full Name (Last, First, Middle Initial)  
US Senate Restaraunts

Mailing Address S-120 Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement Meeting Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22758  
Date of Disbursement 02 / 12 / 2008

Amount of Each Disbursement this Period 63.39

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

001  
Category/Type

**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

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22738  
Date of Disbursement 01 / 11 / 2008

Amount of Each Disbursement this Period 80.78

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

001  
Category/Type

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 248.17

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

28020212609

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 59

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

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NAME OF COMMITTEE (In Full)  
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

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.22739  
Date of Disbursement  
MM / DD / YYYY  
01 / 11 / 2008

Amount of Each Disbursement this Period  
175.91

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

001  
Category/Type

**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

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.22740  
Date of Disbursement  
MM / DD / YYYY  
01 / 11 / 2008

Amount of Each Disbursement this Period  
115.13

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

001  
Category/Type

**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

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.22742  
Date of Disbursement  
MM / DD / YYYY  
01 / 22 / 2008

Amount of Each Disbursement this Period  
183.89

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

001  
Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **474.93**

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

28020212610

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 59

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

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NAME OF COMMITTEE (In Full)  
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

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22748  
Date of Disbursement 02 / 05 / 2008

Amount of Each Disbursement this Period 80.78

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

001  
Category/Type

**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

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22755  
Date of Disbursement 02 / 05 / 2008

Amount of Each Disbursement this Period 115.07

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

001  
Category/Type

**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

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.22868  
Date of Disbursement 03 / 04 / 2008

Amount of Each Disbursement this Period 80.78

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

001  
Category/Type

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 276.63

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

28020212611

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 59

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

Transaction ID: SB17.22871  
Date of Disbursement

Mailing Address PO Box 1915

03 / 04 / 2008

City State Zip Code  
Beltsville MD 20705

Amount of Each Disbursement this Period

Purpose of Disbursement  
Telephone Service  
Candidate Name

001  
Category/  
Type

175.85

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

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
Verizon

Transaction ID: SB17.22874  
Date of Disbursement

Mailing Address PO Box 1915

03 / 04 / 2008

City State Zip Code  
Beltsville MD 20705

Amount of Each Disbursement this Period

Purpose of Disbursement  
Telephone Service  
Candidate Name

001  
Category/  
Type

115.07

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

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)  
Verizon

Transaction ID: SB17.22880  
Date of Disbursement

Mailing Address PO Box 1915

03 / 14 / 2008

City State Zip Code  
Beltsville MD 20705

Amount of Each Disbursement this Period

Purpose of Disbursement  
Telephone Service  
Candidate Name

001  
Category/  
Type

180.55

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

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

471.47

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 59

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)

Witham & Dickey Inc.

Transaction ID: SB17.22749

Date of Disbursement

Mailing Address PO Box 4625

/   /

City State Zip Code  
Portland OR 97208

Amount of Each Disbursement this Period

Purpose of Disbursement

Printing and Postage

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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary     General  
 Other (specify) ▼

State: District:

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

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

28020212613

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 59

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

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.

Full Name (Last, First, Middle Initial) DSCC		Transaction ID: SB21.22933 Date of Disbursement																					
Mailing Address 122 Maryland NE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	7		2	0	0	8														
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transfer		<table border="1"> <tr> <td>008</td> </tr> </table> Category/ Type	008	<table border="1"> <tr> <td>100000.00</td> </tr> </table>	100000.00																		
008																							
100000.00																							
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010																					
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

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

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

100000.00

100000.00

28020212614

CTION

United States Senate  
Post Office

FOR  
INSPECTION

United States Senate  
Post Office

FOR  
INSPECTION

Extremely Urgent

Call 1-800-PICK-UPS® (1-800-742-5877) or visit UPS.com®.

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For UPS Worldwide Express, there is no weight limit on the weight

Do not use UPS 2nd Day Air services for items over 13 ounces in this country. UPS Express Envelopes are subject to the corresponding rates for the applicable

Do not send cash or other valuables in this service.



This

226 HART BLDG  
WASHINGTON DC 20510  
P: 2

226-RDL  
S: ORANGE  
1Z F72 85V 22 1000 2823  
SHIPMENT TRACKING NO. 1Z F72 85V 22 1000 2823  
1Z 2002 HIP 7, B, S LP2444  
100

Shipping documents on this side

and this envelope for:

UPS standard  
and  
UPS 3 Day Select™  
and  
1 Worldwide Expedited™

UPS  
UPS Next Day Air®  
UPS Worldwide Express™  
Shipping Document

SHIPMENT FROM  
UPS ACCOUNT NO. F 7 2 8 5 V  
REFERENCE NUMBER

WYDEN FOR SENATE  
232 NE 9TH AV  
PORTLAND  
OR 97232 2967  
TELEPHONE 503-230-7115

DELIVERY TO  
Pam Gamm 202 224-0322  
Senate Office of Public Records  
332 Hart Senate Office Building  
Washington DC 20510

WEIGHT	DIMENSIONAL WEIGHT	LARGE AIR PACKAGE	SHIPPER RELEASE
LTR		<input type="checkbox"/>	<input type="checkbox"/>

SATURDAY DELIVERY

1Z F72 85V 22 1000 282 3  
1Z F72 85V 22 1000 282 3

UPS Next Day Air®  
1

1Z F72 85V 22 1000 282 3



consumer

DATE OF SHIPMENT 9/27/2008

NANCY ERICKSON  
SECRETARY

PAMELA B. GAVIN  
SUPERINTENDENT

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

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Date of Receipt

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Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS \_\_\_\_\_

UPS 04-15-08

DHL \_\_\_\_\_

AIRBORNE EXPRESS \_\_\_\_\_

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 04-21-08

28020212616

28020212617

